



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Thomas Pfeil, Jr., M.D.

Respondent Name

Texas Council Risk Management Fund

MFDR Tracking Number

M4-23-3082-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

August 3, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 31, 2022	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Range of Motion Testing 95851	\$82.20	\$77.54
Total		\$82.20	\$77.54

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$82.20

Respondent's Position

The Austin carrier representative for Texas Council Risk Management is JI Specialty Services, Inc. The representative was notified of this medical fee dispute on August 8, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Denial Reasons

The insurance carrier denied payment for the disputed services with the following claim adjustment codes:

- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- OA – Other Adjustment.

Issues

1. What are the services considered in this dispute?
2. Is the insurance carrier's denial based on duplicate supported?
3. Is Thomas Pfeil, Jr., M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Pfeil is seeking reimbursement for a designated doctor examination that includes determination of the ability to return to work and range of motion measurements. Dr. Pfeil is seeking \$0.00 for the determination of return to work. Therefore, this service will not be considered in this dispute.

He is seeking \$82.20 for the range of motion measurements billed with procedure code 95851. This service is considered in this dispute.

2. Per the submitted explanation of benefits dated March 8, 2023, the services in question were denied as a duplicate claim or service and that payment or denial had already been recommended. No documentation was provided to support this denial.
3. Because the insurance carrier failed to support its denial of payment for the services considered in this dispute, Dr. Pfeil is entitled to reimbursement.

Reimbursement for professional services is found in 28 TAC §134.203, which states, in relevant part: "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Procedure code 95851 is defined as "Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)." Dr. Pfeil performed a range of motion measurements for the right and left knees, two units.

To determine the maximum allowable reimbursement, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2022 is 62.46.
- The Medicare conversion factor for 2022 is 34.6062.
- Per the submitted medical bills, the service was rendered in zip code 75243 which is in Medicare locality 0441211.

The Medicare participating amount for CPT code 95851 is \$21.48 per unit. The MAR is calculated as follows: $(62.46/34.6062) \times \$21.48 = \38.77 per unit.

The total allowable reimbursement for two units is \$77.54. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has established that reimbursement of \$77.54 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Texas Council Risk Management Fund must remit to Thomas Pfeil, Jr., M.D. \$77.54 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 14, 2023

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.