



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Rafath Quraishi, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-23-3093-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 7, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 4, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$0.00	\$0.00
	Incorporation of Specialist Reports 99456-SP	\$0.00	\$0.00
	Examination to Determine the Extent of Injury – 99456-RE	\$500.00	\$0.00
	Examination to Determine Whether Disability is Related to the Injury – 99456-RE	\$250.00	\$0.00
	Examination to Determine Ability to Return to Work – 99456-RE	\$125.00	\$0.00
	Work Status Report – 99080-73	\$0.00	\$0.00
	Multiple Impairment Rating Calculations – 99456-MI	\$50.00	\$0.00
Total		\$925.00	\$0.00

Requestor's Position

"The bill was initially submitted without report for timely filing purposes to bill review on October 14, 2022. On November 1, 2022, we received the initial EOB and payment for \$850.00. The report was completed and we sent it out on November 16, 2022 with a corrected claim to indicate the complete components of the exam which took place. The billed amount was increased to \$1790.00 After the corrected claim was submitted, we received an EOB on December 2, 2022 stating there was no allowance change; the corrected line items on the bill were not included for reconsideration on this EOB ...

"**Rule 126.7** allows for the referral doctor to address other issues requested on the designated doctor examination ... The denial codes included on the EOB were [4]- this procedure code is inconsistent with the modifier used or a required modifier is missing (for the Multiple impairments); and [50]- these are non-covered services because this is not deemed a 'medical necessity' by the payor.

"It is our position that the carrier has inappropriately denied payment for the above listed Date of Service, as the correct billing information was submitted to the carrier in a timely manner, as the corrected claim was submitted within 95 days of the date of service. The denials cannot be justified by 'not being deemed a medical necessity,' as the laws clearly indicate that the patient and treating doctor can request alternate certification examinations if they disagree with the findings of previous designated doctor examinations."

Amount in Dispute: \$925.00

Respondent's Position

"The provider acknowledges that the carrier has paid him the amount of \$865. He is seeking additional payment of \$925.

"It is the carrier's position that the provider is not entitled to any additional payment. Moreover, the carrier overpaid the provider when it paid for the DWC 73 under CPT code 99080-73 and the amount of \$15. Pursuant to rule 134.239, the provider is not entitled to an additional payment of \$15 for the issuance of the DWC 73 when the exam falls under rule 134.240. Specifically, that exam that precipitated the issuance of the DWC 73 work status report was an exam on ability to return to work which the provider had already billed under rule 134.240 under CPT code 99456 RE. We would point out that the provider failed to include the W8 modifier on his CMS 1500. For that matter, he failed to include modifiers of W5, W6 and W7 as well. Accordingly, the provider is not entitled to reimbursement when his CMS 1500s do not include the required modifiers."

Response Submitted by: Flahive, Ogden & Latson

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 §134.235](#) sets out the fee guidelines for examinations to determine extent of injury, return to work, and disability related to injury.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- B15 – The service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/ adjudicated.
- Note: "NO ALLOWANCE CHANGE"
- Note: "ALLOWANCE CHANGE"

Issues

1. What are the services considered in this dispute?
2. Is Rafath Quraishi, M.D. entitled to additional reimbursement for the disputed services?

Findings

1. Dr. Quraishi is seeking additional reimbursement for an examination to determine
 - Maximum medical improvement,
 - Impairment rating,
 - Extent of the compensable injury,
 - Ability to return to work, and
 - If disability is related to compensable injury.

Dr. Quraishi also billed for

- Incorporating specialist reports,
- Calculating multiple impairment ratings, and
- Providing a Work Status Report (DWC073).

Dr. Quraishi is seeking \$0.00 for the examination to determine maximum medical improvement rating, impairment rating, incorporating specialist reports, and the DWC073. Therefore, these services will not be included in this review. DWC will consider the remaining charges in this dispute.

2. Dr. Quraishi billed the examinations to determine the extent of the compensable injury, ability to return to work, and if disability is related to the compensable injury using procedure code 99456-RE.

Per 28 TAC §134.235, these examinations are billed using CPT code 99456 with modifier "RE" only when the examination was requested by DWC or the insurance carrier. No evidence was received to support that the examination in question was requested by DWC or the insurance carrier. No reimbursement can be recommended for these services.

Dr. Quraishi is seeking reimbursement for the calculation of an additional impairment rating given as part of an examination performed at the request of the injured employee and referred by the treating doctor. 28 TAC §134.250(4)(B) reserves reimbursement for multiple impairment ratings performed as part of a designated doctor examination.

The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination. Therefore, no reimbursement can be recommended.

DWC finds that Dr. Quraishi is not entitled to additional reimbursement for the disputed services.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 27, 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.