



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Valorie Robertson, M.D.

Respondent Name

ZNAT Insurance Co.

MFDR Tracking Number

M4-23-3117-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 15, 2023	Designated Doctor Examination 99456-W5-WP	\$100.00	\$0.00
	Multiple Impairment Calculations 99456-W5-MI	\$0.00	\$0.00
Total		\$100.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$100.00

Respondent's Position

"On May 20, 2023, Zenith received the original bill submission. The bill was denied in its entirety. The Explanation of Payment ("EOP") advised the provider of the adjustment ... On May 30, 2023, the Claims Examiner advised the Bill Review Department to review this date of service for fee schedule reimbursement. A payment of \$1,650.00 was processed on check number 982040. The EOP advised the provider of the adjustment ... The subsequent bills were denied in their entirety ... Based on the review of the provider's report, no additional reimbursement is recommended. This date of service was reimbursed correctly pursuant to the \$134.250 Maximum Medical

Improvement and Impairment Rating Examinations fee guidelines.”

Response Submitted by: The Zenith

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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- Notes: “UPON FURTHER REVIEW, NO ADDITIONAL ALLOWANCE IS RECOMMENDED. PAID PER FEE SCHEDULE. MMI \$350.00 Per ROM- UE IR \$300; LE \$150 SPINAL \$150; EYES IR \$150; PITUITARY \$150; SINUS \$150 = \$1050 MI as DDE = \$50 *5 (ADDITIONAL IR S) = \$250 TOTAL PAYMENT = \$1650.”
- 200 – TX Per133.20, a medical bill shall not be submitted later than the 1st day of the 11th month (<08/31/05) or 95 days (>09/01/05) after DOS
- 224 – Duplicate Charge
- 18 – Exact duplicate claim/service.
- 29 – The time limit for filing has expired.

Issues

1. What are the services considered in this dispute?
2. Did ZNAT Insurance Co. maintain its denial based on timely filing?
3. Is Valorie Robertson, M.D. entitled to additional reimbursement?

Findings

1. Dr. Robertson is seeking additional reimbursement for a designated doctor examination performed on February 15, 2023. She included procedure codes 99456-W5-WP and 99456-W5-MI as billed. She is seeking \$0.00 for multiple impairment calculations represented by procedure code 99456-W5-MI. Therefore, this service will not be considered in this dispute. DWC will review reimbursement for procedure code 99456-W5-WP, representing an examination to determine maximum medical improvement and impairment rating.
2. Per explanation of benefits dated May 30, 2023, the insurance carrier denied payment, in part, based on timely filing. Per explanation of benefits dated June 6, 2023, the insurance carrier made a partial payment for the disputed services. For this reason, DWC finds that the insurance carrier did not maintain its denial based on timely filing.
3. The submitted documentation supports that Dr. Robertson performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Robertson performed impairment rating evaluations of the left upper extremity, bilateral lower extremities, and spine with range of motion testing. 28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

Documentation received also supports that Dr. Robertson provided impairment ratings for the head, left breast, pituitary, vision, and maxillary sinus. 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Left Upper Extremity (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Bilateral Knees (ROM)		Lower Extremities	\$150.00
IR: Cervical Spine (ROM)		Spine and Pelvis	\$150.00
IR: Coccyx			
IR: Head	Nervous System	Body Systems	\$150.00
IR: Left Breast	Endocrine System	Body Systems	\$150.00
IR: Pituitary			
IR: Eyes	Visual System	Body Systems	\$150.00
IR: Maxillary Sinus	Ear,Nose,Throat,Related	Body Structures	\$150.00
Total MMI			\$350.00
Total IR			\$1,200.00
Total Exam			\$1,550.00

The total reimbursement allowable per the fee guidelines for the services in question is \$1,550.00. The insurance carrier paid \$1,600.00 for these services. No additional reimbursement 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 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 22, 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.