

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Karrn Bales, D.O.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-23-3150-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2022	99456-W5-WP	\$00.00	\$00.00
September 8, 2022	99456-W5-WP	\$100.00	\$100.00
September 8, 2022	99456-W8-RE	\$00.00	\$00.00
Total		\$100.00	\$100.00

Requestor's Position

Excerpt from reconsideration request dated March 17, 2023:

"We were paid \$1,200.00. The total payment should have been \$1300.00... We charged \$450 for the calculation of the Impairment Rating for two body parts... we used range of motion for calculation, which is \$300. For the [non-musculoskeletal body part] impairment rating calculation, there is an additional charge of \$150. This is in accordance with the TDI DWC fee schedule. You decreased the payment amount by \$100, which is in error."

Amount in Dispute: \$300.00

Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 22, 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.

Response submitted by: N/A

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §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.
3. [28 TAC §134.235](#) sets out the fee guidelines for Return-to-Work evaluations by designated doctors.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- BT100 – Unless otherwise specified, services have been reviewed to the State Fee Schedule.

Issues

1. What services are in dispute?
2. What rules apply to the service in dispute?
3. Is the requestor entitled to additional reimbursement?

Findings

1. This medical fee dispute involves an examination by a designated doctor for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; to provide impairment ratings (IR) if MMI has been reached; and to provide a Return-to-Work Report.

A review of the medical bill submitted finds that the designated doctor billed for three lines of service rendered on September 8, 2022. The only service in dispute involves a \$450.00 charge for CPT code 99456-W5-WP x 2 units. Per the explanation of benefits submitted, the disputed line of service was reimbursed \$350.00 out of the \$450.00 charged.

CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor. Modifier W5 indicates that the examination was performed by a DWC designated doctor; modifier WP indicates that the same examining doctor performed the MMI examination and the IR testing of the musculoskeletal body area(s), thus reimbursement shall be 100 percent of the total maximum allowable reimbursement (MAR).

2. DWC finds that 28 TAC §134.250 applies to the reimbursement of the service in dispute.

28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part, "(3) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350. (4) The following applies for billing and reimbursement of an IR evaluation. (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the unit's column of the billing form... (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

(I) spine and pelvis;

(II) upper extremities and hands; and

(III) lower extremities (including feet).

(ii) The maximum allowable reimbursement (MAR) for musculoskeletal body areas shall be as follows:

(I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.

(II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.

(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR...

(D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR... (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150."

3. The requestor is seeking additional reimbursement in the amount of \$100.00 for a designated doctor examination of an injured employee rendered on September 8, 2022.

The submitted documentation indicates that the designated doctor was asked to address maximum medical improvement (MMI), impairment rating (IR) and Return to Work assessment.

A review of the submitted medical reports and medical bill finds that on the disputed date of service the designated doctor documented and appropriately billed for a MMI evaluation, impairment rating of two body areas and a Return-to-Work evaluation.

The explanation of benefits (EOB) submitted indicates the following:

- The insurance carrier allowed reimbursement for the disputed line of service in the amount of \$350.00 out of \$450.00 charged.
- The total reimbursement allowed by the insurance carrier for the designated doctor examinations on the disputed date of service was \$1,200.00 out of \$1,300.00 charged.

A review of the medical record submitted finds that for the first impairment rating evaluation, the designated doctor performed a full physical evaluation on one musculoskeletal body area including range of motion measurements. In accordance with 28 TAC §134.250 (4)(C), DWC finds that the MAR for one musculoskeletal body area impairment rating evaluation is \$300.00.

The review of the medical record also finds that a second impairment rating examination of one non-musculoskeletal body area was performed and documented by the designated doctor on the disputed date of service. In accordance with 28 TAC §134.250 (4)(D), DWC finds that the MAR for one non-musculoskeletal body area impairment rating evaluation is \$150.00.

In accordance with 28 TAC §134.250, the total MAR for the impairment rating examinations in dispute is \$450.00. The insurance carrier paid \$350.00 for the impairment rating examinations. Therefore, DWC finds that the requestor is entitled to an additional reimbursement in the amount of \$100.00 for the disputed services rendered on September 8, 2022.

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 additional reimbursement in the amount of \$100.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor, Karrn Bales, D.O. is entitled to additional reimbursement for the disputed services rendered on September 8, 2022. It is ordered that the Respondent, American Zurich Insurance Co., must remit to the Requestor, Karrn Bales, D.O., \$100.00 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

December 1, 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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.