



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Daniel Schere, M.D.

**Respondent Name**

Ace American Insurance Co.

**MFDR Tracking Number**

M4-24-0134-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

September 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 24, 2023	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$50.00	\$0.00
	Work Status Form 99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$65.00</b>	<b>\$0.00</b>

### Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

**Amount in Dispute:** \$65.00

### Respondent's Position

"... while the carrier is 'required' to pay DDE bills, the carrier is only 'required' to pay when HCP has billed and provided services in accordance with current rules and when documentation

supports the Requestor's billing ... The requestor submitted 2 DWC69 forms.

- '#1' is for the accepted injuries and shows the IW is at MMI.
- '#2' is for the accepted and disputed injuries and shows the IW is at MMI. However, as indicated above – documentation must support services billed. **While the DWC69 indicates the disputed + accepted conditions are at MMI – page 15 of the DD's narrative indicates 'Not at MMI'. Which is correct? The Respondent clearly indicated on both the original bill and the request for reconsideration that the DWC-69 and narrative do not match."**

**Response Submitted by:** CorVel

## 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 ability to return to work.
3. [28 TAC §134.239](#) sets out the guidelines for work status reports related to designated doctor examinations.
4. [28 TAC §134.240](#) sets out the guidelines for designated doctor examinations.
5. [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:

- Notes: "page 15 of the narrative indicates under ALL COMPENSABLE/DISPUTED INJURIES/AREAS: NOT AT MMI. As such, DD has incorrectly completed 'Certification #2' by indicating at MMI and with 0% IR"
- 16 – Svc lacks info needed or has billing error(s)
- B12 – Svcs not documented in patient medical records
- R09 – CCI: CPT Manual and CMS coding manual instructions
- 236 – This procedure or procedure/modifier combination is not compatible with

another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.

- Notes: "Rule 133.250 (d) requires the HCP requesting reconsideration to include a BILL-SPECIFIC, substantive explanation in accordance with 133.3 that provides a RATIONAL basis to modify the previous denial."
- Notes: "HCP has failed to specifically address the comment on line 4 describing reason for denial. As the HCP has failed to provide corrected billing or addressed the reason for denial, carrier must rely on original billing. Denial of lines 4 and 5 maintained"

### Issues

1. What are the service considered in this dispute?
2. Is Daniel Schere, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Schere submitted a request for dispute resolution for a designated doctor examination that included maximum medical improvement, impairment rating, extent of injury, and ability to return to work. Dr. Schere is seeking \$0.00 for these services, so they will not be considered in this dispute.

Dr. Schere is seeking reimbursement of \$50.00 for additional impairment rating calculations and \$15.00 for completing a work status report. These are the services considered in this dispute.

2. The submitted documentation indicates that Dr. Schere was asked to address maximum medical improvement, impairment rating, and extent of injury. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250(4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

While Dr. Schere provided two Reports of Medical Evaluation indicating that the injured employee was at maximum medical improvement and had an impairment rating for both findings, the narrative documentation does not support these findings. Therefore, a charge for additional impairment calculations was not supported. The DWC cannot recommend additional reimbursement for this charge.

Rule 28 TAC §134.235 states, in relevant part, "When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.' In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports."

28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

Because the DWC073 form was completed as part of an examination outlined in 28 TAC §134.240, reimbursement for the form is included in reimbursement for the examination. Per explanation of benefits dated August 8, 2023, the insurance carrier paid the full billed amount for the examination to determine the ability to return to work. No additional reimbursement can be recommended for this service.

### 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**

_____	_____	November 30, 2023
Signature	Medical Fee Dispute Resolution Officer	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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).