

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Francis Burch, M.D.

**Respondent Name**

Chubb Indemnity Insurance Co.

**MFDR Tracking Number**

M4-24-0275-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

October 4, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 8, 2022	99456-W5-WP	\$00.00	\$00.00
December 8, 2022	99456-W5-MI	\$50.00	\$00.00
December 8, 2022	99456-W6-RE	\$00.00	\$00.00
December 8, 2022	99456-W7-RE	\$00.00	\$00.00
<b>Total</b>		<b>\$50.00</b>	<b>\$00.00</b>

### Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS... THE CURRENT RULES ALLOW REIMBURSEMENT... AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED; THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$50.00

### Respondent's Position

"The Requestor billed 99456-MI @\$100 for 1 unit. Payment for the first DWC69 (accepted injuries) is included in the reimbursement for 99456-W5. The Second DWC69 indicates Not at MMI. Because the 2nd certification/DWC69 was deemed not at MMI, no payment is made as no additional Impairment Ratings occurred. Provider cannot be paid for 99456-MI since no Impairment Ratings were given. It is the same rationale as for a compensable injury that is deemed not at MMI. The DD is only paid the MMI portion since no IR could be calculated. Please

note, no request for reconsideration was received from the Requestor as required for MFDR submission. However, even if a request had been received, additional payment for 99456-MI would not have been given.”

**Response submitted by:** CorVel

## 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.

### Denial Reasons

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

- 234 – This procedure is not paid for separately.
- Explanation of review comments: Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI; therefore, no additional IR occurred.

### 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; to determine Extent of Injury; and to determine the period of disability if a disability does exist.

A review of the medical bill submitted finds that the designated doctor billed for four lines of

service rendered on December 8, 2022. The only service in dispute involves a \$50.00 charge for one unit of CPT code 99456-W5-MI. Per the explanation of review submitted, the disputed line of service was reimbursed \$0.00 out of the \$50.00 charged.

The service in dispute is billed as CPT code 99456-W5-MI. 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 a designated doctor examination for impairment or attainment of MMI; modifier MI indicates multiple impairment rating calculations were completed.

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. (B) When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code."

3. The requestor is seeking additional reimbursement in the amount of \$50.00 for CPT code 99456-W5-MI, indicating multiple impairment rating calculations, which was billed as part of a designated doctor examination rendered on December 8, 2022.

Documentation known to DWC indicates that the designated doctor was asked to address maximum medical improvement (MMI), impairment rating (IR) and Extent of Injury.

A review of the submitted medical reports and medical bills finds that the designated doctor submitted two DWC069 forms or Reports of Medical Evaluations. In one report, for the injured employee's accepted conditions, the designated doctor found the conditions to be at MMI and provided an impairment rating (IR) of those conditions. In the second report, which included the injured employee's disputed conditions, the designated doctor certified that the injured employee's conditions had not yet reached MMI. Because MMI had not been reached for those conditions deemed not at MMI, a second IR could not be provided. On page 12 of his narrative report, the designated doctor documented that a second IR could not be rendered.

DWC finds that only one IR was provided, which was included in the payment for the first line of service, CPT code 99456-W5-WP x 2 units. Therefore, DWC finds that the requestor is not entitled to reimbursement for an additional impairment rating on the disputed date of service, December 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 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 reimbursement in the amount of \$0.00 for the disputed services rendered on December 8, 2022.

## **Authorized Signature**

_____	_____	December 20, 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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).