



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jay Harrison, D.C.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-24-0284-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 10, 2023	99456-W5-WP	\$150.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAM... 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: \$150.00

Respondent's Position

"The carrier's position is that it reimbursed the provider \$350 for the MMI portion of the exam, \$300 the first body area and \$150 for the second body area. This totals \$800. This amount was paid pursuant to rule 134.250. The provider was entitled to \$350 for the MMI exam, \$300 for the impairment rating involving the first body area based upon range of motion testing and \$150 for the remaining body area. This totals \$800. The provider is not entitled to any additional monies."

Response submitted by: Flahive, Ogden & Latson

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.

Adjustment Reasons

- 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

1. What rules apply to the services in dispute?
2. Is the requestor entitled to additional reimbursement for the disputed date of service?

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; and to provide an impairment rating (IR) if MMI has been reached.
28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating. In pertinent part, 28 TAC §134.250 states, "(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:
(l) 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."

2. The requestor is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The requestor billed for 3 units of CPT code 99456-W5-WP, rendered on March 10, 2023.

The Request for Designated Doctor Examination, form DWC032, indicates that the designated doctor was asked to address maximum medical improvement (MMI) and impairment rating (IR).

28 TAC §134.250(3)(C) which applies to reimbursement of MMI examinations by a designated doctor, states that an examining doctor, other than the treating doctor, shall bill using CPT code 99456 and reimbursement shall be \$350.00.

A review of the submitted documentation finds that the requestor documented an examination by a designated doctor which provided MMI certification and impairment rating for two body areas (2 units): cervical, thoracic, and lumbar spine (defined as all one body area) and right shoulder. The two body areas evaluated, as defined per 28 TAC §134.250, were the spine and upper extremity. Documentation included range of motion testing on both body areas rated. The requestor referenced the use of AMA Guides, 4th Edition in their calculation of impairment rating.

Based on 28 TAC §134.250, the total MAR for the MMI examination by a designated doctor with an IR rating based on an evaluation with range of motion of two body areas (2 units), rendered on the disputed date of service March 10, 2023, is \$800.00. The insurance carrier paid \$800.00 for the services in dispute.

DWC finds that the requestor is not entitled to additional reimbursement for the disputed date of service, March 10, 2023.

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

_____	_____	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. 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.