



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Troy Robinson, D.C.

**Respondent Name**

Ace American Insurance Co.

**MFDR Tracking Number**

M4-24-0324-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

October 6, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 6, 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
	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 ... If a designated doctor is simultaneously requested to address MMI and/or impairment rating and the extent of the compensable injury in a single examination, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each possible outcome for the extent of the injury.”

**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.

Per **Rule §134.204(n) (5) MI, Multiple Impairment Ratings—This modifier shall be added to CPT Code 99456 when the designated doctor is required to complete multiple impairment rating calculations.** The Requestor submitted 2 DWC69 forms.

- Compensable – is for the accepted injuries and shows the IW is at MMI.
- Compensable w/disputed – is for accepted and disputed injuries and shows the IW is NOT at MMI. Because the 2<sup>nd</sup> 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."

**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 \(TAC\) §127.10](#) effective November 4, 2018, sets out the procedures for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.239](#) sets out the fee guidelines for work status forms relating to designated doctor examinations.
4. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the extent of a compensable injury and ability to return to work.
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 reduced the payment for the disputed services with the following claim adjustment codes:

- Notes: "Bill is marked as a reconsideration; however, this is the first receipt of this bill."
- Notes: "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 addtl IR occurred.”

- 234 – This procedure is not paid for separately.
- 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 schedul requirements.

### Issues

1. What are the services considered in this dispute?
2. Is Troy Robinson, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Robinson submitted a request for medical fee dispute resolution in accordance with 28 TAC §133.307 which included a designated doctor examination to determine maximum medical improvement (MMI), impairment rating, extent of the compensable injury, and ability to return to work. Dr. Robinson is seeking \$0.00 for these services. Therefore, these services will not be considered in this dispute.

Dr. Robinson is seeking \$50.00 for associated procedure code 99456-W5-MI, representing multiple impairment ratings; and procedure code 99080-73, representing the filing of a work status form. These services are now considered in this dispute.

2. Available documentation indicates that Dr. Robinson was asked to address MMI, impairment rating, and extent of injury. 28 TAC §127.10(d), effective November 4, 2018, states, in relevant part, “If a designated doctor is simultaneously requested to address MMI or impairment rating and the extent of the compensable injury in a single examination, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each reasonable outcome for the extent of the injury. A designated doctor who determines the injured employee has reached MMI or who assigns an impairment rating, or who determines the injured employee has not reached MMI, shall complete and file a report as required by §130.1 of this title and §130.3 of this title.”

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.

Documentation supports that Dr. Robinson provided two certifications of MMI, but found that the injured employee was not at maximum medical improvement in one certification, so no impairment calculations were provided for that certification. Therefore, a charge for additional impairment calculations is not supported. DWC does not recommend reimbursement for this charge.

Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor or required medical examination.

DWC does not recommend reimbursement for the services considered in this dispute.

### 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

January 5, 2024  
\_\_\_\_\_  
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).