

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Courtney Walls, D.C.

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-24-0587-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2023	99456 W5-WP	\$0.00	\$0.00
June 16, 2023	99456 W6-RE	\$0.00	\$0.00
June 16, 2023	99456-W5-MI	\$50.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

Amount in Dispute: \$50.00

Respondent's Position

"The Requestor billed 99456-MI @\$100 for 2 units. Payment for Certification #1 is included in the reimbursement for 99456-W5. Certification #2 was completed to determine MMI for 'Compensable with included disputed'. That DWC69 shows at MMI Certification #3 was completed for 'Compensable with all disputed'. Per the 3rd DWC69, those injuries were deemed not at MMI. Because the 3rd Certification was deemed not at MMI, no payment is made as no additional Impairment Ratings occurred. Provider cannot be paid for the 3rd 99456-MI since no

Impairment Ratings were performed.”

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.

Adjustment Reasons

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

- P12 – Workers’ Compensation State Fee Schedule Adj.
- W3 – Appeal/Reconsideration.
- ORC – See additional information.
- Explanation of Review note: “Per Rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, some of the non-compensable injuries are not at MMI; therefore, no addtl IR occurred. Cert #2 paid here. Cert #1 paid w/ line 1.”

Issues

1. What are the services in dispute?
2. Is the insurance carrier’s reimbursement reduction reason supported?
3. Is the requestor entitled to additional reimbursement?

Findings

1. Although there are a total of three services lines listed on the MFDR DWC060 request form, the requestor is seeking \$0.00 for all of them except CPT code 99456-W5-MI. Therefore, only CPT code 99456-W5-MI will be reviewed and adjudicated in this dispute resolution process.
2. The requestor billed 2 units of CPT code 99456-W5-MI, rendered on June 16, 2023. Per the explanation of review, the insurance carrier reduced the reimbursement to 1 unit stating that “some of the non-compensable injuries are not at MMI; therefore, no addtl IR occurred...”

Submitted documentation indicates that the designated doctor was asked to address maximum medical improvement (MMI), impairment rating (IR), 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 for each additional impairment rating calculation.

A review of the documentation submitted finds that the requestor provided three Reports of Medical Evaluation with the medical billing. Two of the reports, labeled by the requestor as Certifications #1 and #2, have previously been reimbursed the full charges per explanation of review submitted. Since the report labeled Certification #3 certifies that the conditions have not yet reached MMI, an impairment rating of those conditions cannot be calculated or provided. Documentation does not support that the designated doctor provided the additional impairment ratings as billed.

DWC finds that the insurance carrier’s reimbursement reduction reason is supported.

3. The requestor is seeking additional reimbursement for 2 units of CPT code 99456-W5-MI, rendered on June 16, 2023. The CPT code 99456-W5 involves rendering of Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examination by a doctor other than the treating doctor. The requestor appended the CPT code 99456-W5 with the additional modifier MI, which indicates multiple impairment ratings reported.

The submitted documentation does not support that the designated doctor provided two additional impairment ratings for conditions beyond those that have been previously reimbursed in full on the same date of service. Therefore, a charge for two additional impairment ratings was not supported.

In accordance with 28 TAC §134.250 (4)(B), DWC does not recommend additional reimbursement for the disputed charges.

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

Signature

Medical Fee Dispute Resolution Officer

December 21, 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.