



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

DR. WILLIAM SMITH

Respondent Name

HARTFORD INSURANCE COMPANY OF MIDWEST

MFDR Tracking Number

M4-12-1824-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

JANUARY 30, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am attaching the 32, narrative, report and confirmations for you to see that the claim was done and Everything was sent in timely."

Amount in Dispute: \$1,225.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier has reviewed and paid the disputed charges. Please dismiss."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 4, 2011	Designated Doctor Evaluation CPT Code 99456-W5	\$650.00	\$0.00
	Designated Doctor Evaluation CPT Code 99456-W5 (X3)	\$150.00 X 3 = \$450.00	\$0.00
	Designated Doctor Evaluation CPT Code 96116	\$120.00	\$0.00
TOTAL		\$1,225.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
- Neither party to this dispute submitted copies of the explanation of benefits to support denial/reduction of payment for the disputed services.

Issues

1. Did the Designated Doctor bill for the evaluation rendered on April 4, 2011 in accordance with fee schedule? Is the requestor entitled to reimbursement?
2. Does the documentation support billing CPT code 96116?

Findings

1. On April 4, 2011, the requestor billed CPT codes 99456-W5 (X4) and 96116.

- 28 Texas Administrative Code §134.204(i)(1)(A) states "The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor"
- 28 Texas Administrative Code §134.204(i)(1)(B) states "Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;

A review of the submitted medical billing finds that the requestor appended modifier "W5" as the first modifier to CPT code 99456 for the MMI/IR evaluation.

- 28 Texas Administrative Code §134.204(j)(4)(C)(iii) states "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."
- 28 Texas Administrative Code §134.204(n)(18) states "The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes. The "WP" modifier is defined as "Whole Procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single HCP."
- 28 Texas Administrative Code §134.204(j)(4)(C)(iv) states "If, in accordance with §130.1 of this title (relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment), the examining doctor performs the MMI examination and assigns the IR, but does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier "26." Reimbursement shall be 80 percent of the total MAR."

A review of the submitted medical billing finds that the requestor did not append the "WP" or "26" modifier to CPT code 99456.

- 28 Texas Administrative Code §134.204(j)(4)(C) states "For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i) Musculoskeletal body areas are defined as follows: (I) spine and pelvis; (II) upper extremities and hands; and, (III) lower extremities (including feet)."

The requestor examined the upper and lower extremities; therefore, two body areas were examined. The requestor's documentation does not support the four units billed of code 99456-W5.

The Division finds that the requestor did not use the appropriate modifiers, "WP" or "26" in accordance with 28 Texas Administrative Code §134.204(j)(4)(C). In addition, the documentation does not support the four units billed. As a result, reimbursement is not recommended.

2. On the disputed date of service, the requestor also billed code 96116 defined as "Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report." According to the submitted DWC-32, evaluation of the claimant's mental and behavioral disorders

was not ordered by the Division. Although the requestor administered the Beck's inventory questionnaire of depression and anxiety, and the findings revealed possible extreme depression and anxiety, the requestor did not indicate how that information was utilized in the whole person impairment rating of 0%. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

10/14/2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.