**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 and Address**

MARCUS P HAYES
PO BOX 198
BARKER TX 77413-0198

**Respondent Name**
HOUSTON ISD

**Carrier's Austin Representative Box**
Box Number 21

**MFDR Tracking Number**
M4-13-0884-01

**MFDR Date Received**
December 06, 2012

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "I submitted a properly completed, properly documented claim to TrisStar Risk Management. Payment was reduced due to :

222 – Charge exceeds fee schedule allowance

W1 – Workers' compensation jurisdictional fee schedule adjustment

A request for reconsideration was then submitted to the carrier, however, the carrier failed to respond to the request for reconsideration per DWC Rule 133.250 (f)."

**Amount in Dispute:** $735.00

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** No carrier response received.

**Response Submitted by:** n/a

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| September 20, 2012 | CPT Code 99456-WP | $735.00 | $735.00 |

## *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**

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, *37 Texas Register 3833*,applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code§134.204 sets out the fee guideline for workers' compensation specific services

on or after March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated October 26, 2012

   - 222 – Charge exceeds Fee Schedule Allowance
   - W1 – Workers Compensation Jurisdictional Fee Schedule Adjustment

**Issues**

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code §134.204?

**Findings**

1. Requestor billed with CPT Code 99456 – WP in the amount of $800.00 for two units for a Maximum Medical Improvement (MMI) and Impairment Rating (IR) examination.

   Per Administrative Code §134.204 states (j)Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows; for reimbursement of MMI (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, reimbursement for Impairment evaluation (4)The following applies for billing and reimbursement of an IR evaluation, (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, (I)spine and pelvis; (II)upper extremities and hands; and, (III)lower extremities (including feet). The Mar is : (ii)The 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 4th 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.

   Review of the submitted documentation finds a examination addressed the following issues of Maximum Medical Improvement (MMI) and Impairment Rating (IR) to the spine area using Diagnosis Related Estimate (DRE) and one upper area using Range of Motion (ROM).

   Therefore, the MAR for CPT 99456-WP is 800.00.

2. The respondent issued payment in the amount of $65.00. Based upon the documentation submitted, additional reimbursement in the amount of $735.00 is recommended.

**Conclusion**

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $735.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

| | | |
|---|---|---|
| | | 1/29/14 |
| 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 in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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