



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Linda Gregory, D.O.

Respondent Name

East Texas Educational Insurance

MFDR Tracking Number

M4-24-1074-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

January 16, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2023	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Range of Motion Testing 95851x2	\$52.50	\$51.64
Total		\$52.50	\$51.64

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$52.50

Respondent's Position

"Our first receipt of this bill for an Extent of Injury and 2 units of Muscle Testing was received on 7/10/2023 and payment in the amount of \$514.85 was issued on 8/11/2023. In error, only 1 unit of Muscle Testing was paid and when the bill was refiled, the additional payment was issued with interest ... Payment issued for the Muscle Testing, CPT 95851, was paid per fee schedule, based on physical location."

Response Submitted by: Claims Administrative Services, Inc.

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issues

1. What are the services considered in this dispute?
2. Is Linda Gregory, D.O. entitled to additional reimbursement?

Findings

1. Dr. Gregory is seeking additional reimbursement for a designated doctor examination to determine the extent of a compensable injury which included range of motion muscle testing.

Dr. Gregory is seeking \$0.00 for the examination to determine the extent of the injury. Therefore, this service will not be considered in this dispute.

Dr. Gregory is seeking an additional reimbursement of \$52.50 for range of motion muscle testing. This service is considered in this dispute.

2. Reimbursement policies for professional services is found in 28 TAC §134.203, which states, in relevant part: "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
 - (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Reimbursement fee guidelines for professional services are addressed in 28 TAC §134.203(c), which states in relevant part: "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year ..."

Procedure code 95851 is defined as "Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)." Dr. Gregory performed range of motion measurements for the right and left shoulders, billing for two units.

To determine the MAR, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2023 is 64.83.
- The Medicare conversion factor for 2023 is 33.8872.
- Per the submitted medical bills, the service was rendered in zip code 76054 which is in Medicare locality 0441228.

The Medicare participating amount for CPT code 95851 is \$21.26 for per unit. The MAR is calculated as follows: $(64.83/33.8872) \times \$21.26 = \40.67 per unit.

The total MAR for two units is \$81.34. Per explanations of benefits dated August 11, 2023, and November 9, 2023, the insurance carrier paid \$29.70. An additional reimbursement of \$51.64 is recommended.

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 established that additional reimbursement of \$51.64 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that East Texas Educational Insurance must remit to Linda Gregory, D.O. \$51.64 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 16, 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. 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.

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.