



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Ranil Ninala, MD

Respondent Name

Mitsui Sumitomo Insurance Co. of America

MFDR Tracking Number

M4-24-1096-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 22, 2023	99456-NM	\$0.00	\$0.00
August 22, 2023	99456-SP	\$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 improperly/incorrectly reduced payment for this claim following our filing of Request for Reconsideration."

Amount in Dispute: \$50.00

Respondent's Position

The Austin carrier representative for Mitsui Sumitomo Insurance Co. of America is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 23, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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:

- 234 - This procedure is not paid for separately.
- Explanation of Review (EOR) Comments: "per rule 134.250(4)(D)(iii)(l): reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. IW is not at MMI, there was no IR determination."

Issues

1. What rules apply to the service in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This medical fee dispute involves an examination referred by a treating doctor for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide impairment ratings (IR) if MMI has been reached.

On the disputed date of service, the requestor billed a total amount of \$400.00 for CPT code 99456-NM and 99456-SP. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor. A review of the submitted medical bills finds that the requestor amended the first line of CPT code 99456 with modifier "NM" indicating that the injured employee had not yet reached MMI. The requestor amended the second line of CPT code 99456 with modifier "SP" indicating inclusion of information from a specialist report of non-musculoskeletal testing to determine final assignment of an IR.

DWC finds that 28 TAC §134.250 applies to the reimbursement of the service in dispute. 28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part,

“(2)(A) If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this section. Modifier "NM" shall be added...

(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.

(4) The following applies for billing and reimbursement of an IR evaluation... (D) (iii) When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply: (l) The examining doctor (e.g., the referring doctor) shall bill using the appropriate MMI CPT code with modifier "SP" and indicate one unit in the units column of the billing form. Reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination.”

2. The requestor is seeking additional reimbursement in the amount of \$50.00 for an examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that the requestor performed an evaluation of maximum medical improvement (MMI) as referred by the injured employee’s treating doctor. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00.

A review of the submitted medical records finds there was no assignment of impairment rating on the disputed date of service, as the injured employee’s conditions had not met MMI at the time of the examination in question. Therefore, the service of CPT code 99456-SP is not applicable or reimbursable on this disputed date of service, August 22, 2023.

DWC finds that the MAR for the service in dispute is \$350.00.

A review of the submitted documentation finds that the insurance carrier paid \$350.00 for the examination rendered on August 22, 2023. Therefore, DWC finds that no additional reimbursement is due for the service in 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 29, 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 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.