

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EMILY BAILEY, DC

Respondent Name

SERVICE AMERICAN INDEMNITY CO

MFDR Tracking Number

M4-24-1356-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

February 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2023	99456-W5-WP Designated Doctor Examination (Maximum Medical Impairment (MMI) and Impairment Rating (IR) x 1	\$650.00	\$650.00
Total		\$650.00	\$650.00

Requestor's Position

"I found that the claimant had reached maximum medical improvement and calculated the impairment rating. I submitted the designated doctor report to all parties on September 24, 2023. Billing was \$650.00, the fee schedule amount for this service. FAX confirmation is included with this submission as well as a copy of the designated doctor report, DWC69, and HCFA ... As of today, I still have not received payment or an EOB."

Amount in Dispute: \$650.00

Respondent's Position

The Austin carrier representative for Service American Indemnity Co is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on February 27, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute

notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

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 §134.240](#) sets out the guidelines for medical services, charges, and payment for designated doctor examinations.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. Did Insurance Carrier take final action on the bill for service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Emily Bailey, DC is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

Emily Bailey, DC argued that it did not receive payment or an explanation of denial for the medical bills submitted for the examination in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the

services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. The requestor is seeking reimbursement of Maximum Medical Improvement and Impairment Rating examination rendered on September 18, 2023.

Per 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier "W5." The submitted documentation supports that EMILY BAILEY performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 TAC §§134.250 (4)(A) and 134.240 (1)(A) require the doctor to bill with CPT code 99456 and modifier "W5." When the examining doctor also performs the testing for impairment rating of musculoskeletal body areas, 28 TAC §134.250 (4)(C)(iii) requires the examining doctor to add modifier "WP." Review of the submitted documentation finds that EMILY BAILEY performed impairment rating evaluations of the left ankle with range of motion testing. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The total MAR for the determination of impairment rating is \$650.00.

Review of the submitted documentation provided supports that the requestor has not received payment from the insurance carrier. Therefore, the requestor is entitled to reimbursement in the amount of \$650.00.

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 requester has established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that SERVICE AMERICAN INDEMNITY CO must remit to EMILY BAILEY, DC \$650.00 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

June 4, 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, 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.