



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

John Townsend, MD

**Respondent Name**

Berkshire Hathaway Direct Insurance Company

**MFDR Tracking Number**

M4-24-1399-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

February 27, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 8, 2023	99456	\$500.00	\$500.00
<b>Total</b>		\$500.00	\$500.00

### Requestor's Position

"Per our records, the bill was mailed to the insurance carrier on: 10/11/2023. As of today, we have not received payment OR an EOR from the carrier... 1/18/2024: Spoke to Christopher McCaskill. He verified receipt of the bill, said it would be paid and should be received by us by 'the middle of next week', which would have been around 1/24/2024. We are now at 2/27/2024 and have still never received an EOB or EOR, or payment. We believe that we submitted the bill in a timely matter, charged correctly, and are entitled to payment of \$500.00."

**Amount in Dispute:** \$500.00

### Respondent's Position

"Berkshire has issued payment for the medical bill in dispute. Please see attached payment screen, wherein the fully billed amount of \$500.00 was[sic] been paid to United Medical Exams on 01/22/24 via Check No. 75052. Carrier requests that this dispute be withdrawn or dismissed once Provider confirms receipt of payment."

**Response Submitted by:** Stone Loughlin Swanson

### 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 health care providers to pursue a medical fee dispute.
2. 28 TAC §134.210, sets out the medical fee guideline for division specific services.
3. 28 TAC §134.235, sets out the reimbursement guidelines for return-to-work evaluations.
4. 28 TAC §134.240, sets out the reimbursement guidelines for Designated Doctor Examinations.

## Denial Reasons

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

- Neither party submitted a copy of an EOB for consideration.

## Issues

1. Has the insurance company paid the disputed charges?
2. Does the requestor have the right to reimbursement?

## Findings

1. The requestor seeks reimbursement in the amount of \$500.00 for a designated doctor examination performed on June 8, 2023, and billed under CPT code 99456-W7-RE.

28 TAC §133.240(a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill."

Although the requestor provided evidence to support that it sent a complete medical bill to the respondent, no evidence was presented by the respondent to support that it issued an explanation of benefits to the within 45 days; nor did the respondent present any evidence to support that it responded to the request for reconsideration. No defenses were presented to the provider before the filing of this medical fee dispute.

The insurance carrier states, "...amount of \$500.00 was[sic] been paid to United Medical Exams on 01/22/24 via Check No. 75052." The requestor could not confirm that the check for \$500.00 was received and or cashed. The insurance carrier acknowledged that a payment was issued in the amount of \$500.00, however could not produce a copy of an EOB and or a copy of the referenced Check No. 75052. Because the disagreement whether a payment was received and a check was issued by the insurance carrier is not resolved, the DWC finds that the disputed service is eligible for review pursuant to the applicable rules and guidelines.

2. To determine the appropriate reimbursement, the DWC refers to the following:

28 TAC §134.210(b)(2) states, "Payment policies relating to coding, billing, and reporting for workers' compensation specific codes, services, and programs are as follows: Modifying circumstance shall be identified by use of the appropriate modifier following the appropriate Level I (CPT codes) and Level II HCPCS codes. Where HCPCS modifiers apply, insurance carriers shall treat them in accordance with Medicare and Texas Medicaid rules. Additionally, division-specific modifiers are identified in subsection (e) of this section. When two or more modifiers are applicable to a single HCPCS code, indicate each modifier on the bill."

28 TAC §134.210(e) states, "The following division modifiers shall be used by health care providers billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes: (7) RE, return to work (RTW) and/or evaluation of medical care (EMC)--This modifier shall be added to CPT code 99456 when a RTW or EMC examination is performed... (22) W7, designated doctor examination for disability--This modifier shall be added to the appropriate examination code performed by a designated doctor when determining whether the injured employee's disability is a direct result of the work-related injury."

28 TAC §134.240(1) (A-F) 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... (D) Whether the injured employee's disability is a direct result of the work-related injury shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier "W7."

28 TAC §134.235 states "The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier "RE." In either instance of whether maximum medical improvement/impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

The requestor billed 99456-W7-RE for the designated doctor examination. The reimbursement amount is \$500.00, this amount 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.

The DWC finds the requester has established that reimbursement of \$500.00 is due.

### **Order**

Under TLC §§413.031 and 413.019, DWC has determined the requestor is entitled to

reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$500.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

_____	_____	June 5, 2024
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 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).