



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Steven Anderson, D.C.

Respondent Name

Federal Insurance Company

MFDR Tracking Number

M4-24-1513-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 13, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2023	99456-W5-NM	\$00.00	\$00.00
June 7, 2023	99456-W5-MI	\$100.00	\$00.00
June 7, 2023	99456-W5-SP	\$50.00	\$00.00
June 7, 2023	W6-RE	\$00.00	\$00.00
June 7, 2023	W7-RE	\$00.00	\$00.00
June 7, 2023	W8-RE	\$00.00	\$00.00
Total		\$150.00	\$00.00

Requestor's Position

"Carrier is required to pay designated doctor exams. The current rules allow reimbursement."

Amount in Dispute: \$150.00

Respondent's Position

"... this MFDR is only addressing 2 lines of the 6 line bill as no payment was made on 99456-W5-MI nor 99456-W5-SP. The reason for the denial is on the EOR."

Response submitted by: CorVel

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 or denied the payment for the disputed services with the following claim adjustment codes:

- 234 – This procedure is not paid for separately.
- W3 – Appeal/Reconsideration

Issues

1. Which services have received payment as of the date of this review?
2. Which services remain unpaid and are in dispute?
3. What rules apply to the service in dispute?
4. Is the requestor entitled to additional reimbursement?

Findings

1. A review of the submitted documentation finds that per the explanation of benefits (EOB), the insurance carrier allowed payment for the disputed date of service in the total amount of \$1,225.00 out of \$1,375.00 that was billed. The itemized allowances per the EOBs submitted are as follows:
 - 99456-W5-NM was allowed \$350.00 reimbursement out of \$350.00 charged
 - 99456-W6-RE was allowed \$500.00 reimbursement out of \$500.00 charged
 - 99456-W7-RE was allowed \$250.00 reimbursement out of \$250.00 charged
 - 99456-W8-RE was allowed \$125.00 reimbursement out of \$125.00 charged
 - 99456-W5-MI was allowed \$0.00 out of \$100.00 charged
 - 99456-W5-SP was allowed \$0.00 out of \$50.00 charged

2. Based on the findings in number one above, the only lines of service that remain unpaid are 99456-W5-MI x 2 units and one unit of 99456-W5-SP. Therefore, these are the only services that will be reviewed and adjudicated in this medical fee dispute.
3. A review of the submitted medical bills finds that the requestor appended one line of CPT code 99456 with modifier "NM" indicating that the injured employee had not yet reached MMI. The requestor appended the second line of CPT code 99456 with modifier "MI" which indicates multiple impairment ratings were performed. A third line of CPT code 99456 was appended with modifier "SP" which indicates 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 services in dispute.

28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement (MMI) examinations and impairment ratings (IR), 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. (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the unit's column of the billing form. (B) When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code... (D) (iii) When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply: (I) 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."

4. The requestor is seeking additional reimbursement in the amount of \$150.00 for 2 units of CPT code 99456-W5-MI, and 1 unit of 99456-W5-SP, rendered on June 7, 2023.

A review of the submitted medical records finds that the designated doctor submitted three DWC069 forms/Reports of Medical Evaluations. In all three Reports, the designated doctor certified that the injured employee's conditions had not yet reached MMI. Because MMI had not been reached, impairment ratings could not be determined.

The services of 99456-W5-MI and 99456-W5-SP, which are in dispute, require that impairment ratings are calculated and provided. Because MMI had not yet been reached and no impairment rating could be calculated, these services are not reimbursable for this examination in question, rendered on June 7, 2023.

DWC finds that the requestor is not entitled to additional reimbursement for the services 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 reimbursement in the amount of \$0.00 for the disputed services rendered on June 7, 2023.

Authorized Signature

		May 8, 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. 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.