



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Terence Floyd, D.C.

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-24-1677-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

October 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
	Designated Doctor Examination 99456-W5-MI	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
Total		\$150.00	\$150.00

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$150.00

Respondent's Position

"The Requestor's CMS1500 billing form has a '2' in the Unit column. The HCP is expecting payment for determining/including IR for the (redacted). However, as indicated in the rules above, the compensable injury is the (redacted)only ... As the HCP has indicated the... was not caused by the work related injury, it is unclear why the HCP included '2' in the Units column. The... is not part of the compensable injury. As such, payment is for the one (1) compensable injury – (redacted)..."

Response Submitted by: CorVel

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 \(TAC\) §127.10, effective November 4, 2018, 43 TexReg 7149](#), sets out the procedures for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- P12 – Workers' Compensation State Fee Schedule Adj.
- ORC – See Additional Information
- Notes: "MMI/DD/ROM/1 BODY PART – CARRIER ONLY ACCEPTING (redacted). DD INDICATED (redacted) AREAS NOT COVERED PER EOI ARE PAID UNDER BY 99455-MI"
- Notes: "Per rule 134.240(1)(A): Impairment caused by the compensable injury shall be billed and reimbursed in accordance with §134.250 of this title. The compensable injury per the carrier is (redacted)."
- Notes: "Per rule 134.240(1)(C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with §134.235 of this title."
- Notes: "Per 134.250(4)(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."

Issues

1. What are the services considered in this dispute?
2. Is Terence Floyd, D.C. entitled to additional reimbursement?

Findings

1. Dr. Floyd is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating with multiple impairments, extent of the compensable injury, disability, and ability to return to work.

Dr. Floyd is seeking \$0.00 for calculation of additional impairments and determining the extent of injury, disability, and ability to return to work. Therefore, these services will not be considered in this dispute.

Dr. Floyd is seeking an additional \$150.00 for the examination to determine maximum medical improvement and impairment rating. This service is considered in this dispute.

2. The submitted documentation supports the claim that Dr. Floyd performed an evaluation of maximum medical improvement (MMI) as ordered by the DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 TAC §127.10(d), effective November 4, 2018, 43 TexReg 7149, states, in relevant part, "If a designated doctor is simultaneously requested to address MMI or impairment rating and the extent of the compensable injury in a single examination, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each reasonable outcome for the extent of the injury."

28 TAC §134.250(4) states, in relevant part, "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."

Review of the submitted documentation finds that Dr. Floyd performed impairment rating evaluations of the (redacted) with range of motion testing. 28 TAC §134.250(4)(C)(ii) 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. Therefore, the total reimbursement for the evaluation of impairment ratings is \$450.00.

The DWC finds that the total allowable reimbursement for the services in question is \$800.00. The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 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 \$150.00 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 Ace American Insurance Co. must remit to Terence Floyd, D.C. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	April 12, 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, 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.