



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Richard Lawrence, M.D.

Respondent Name

Sentry Casualty Co.

MFDR Tracking Number

M4-24-1712-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 10, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS... THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$150.00

Respondent's Position

"We reduced the payment due to missing proof of range of motion... The additional documentation was requested from providers office when the bill was processed but it was never received. We believe we paid the \$500.00 correctly per Texas Fee Schedule as there was no proof of range of motion."

Response Submitted by: Sentry Insurance

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:

- A90 – This charge was reimbursed in accordance with the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 350 & W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- Comments: **99456-W5-WP: According to the TX Workers Compensation Fee Schedule, the MMI Evaluation reimbursement of \$350 is added to the reimbursement for the body areas evaluated. When a range of motion test is NOT performed reimbursement is \$150 for each body area. If Range of Motion was performed, please submit additional documentation with the range of motion calculations.
- Comments: Reconsideration previously paid \$500.00. Range of motion measurements are not included as indicated in documentation. Please submit a range of motion measurements for reconsideration.

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 by a designated 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 \$650.00 for CPT code 99456-W5-WP. 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. Modifier W5 indicates that the examination was performed by a DWC designated doctor; modifier WP indicates that the same examining doctor performed the MMI examination and the IR testing of the musculoskeletal body area(s), thus reimbursement shall be 100 percent of the total maximum allowable reimbursement (MAR).

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, "(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... (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

- (I) spine and pelvis;
- (II) upper extremities and hands; and
- (III) lower extremities (including feet).

(ii) The maximum allowable reimbursement (MAR) for musculoskeletal body areas shall be as follows:

- (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.
- (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.

(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR..."

2. The requestor is seeking additional reimbursement in the amount of \$150.00 for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that the requestor, a designated doctor, performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00.

The submitted documents support that the requestor performed an impairment rating (IR) evaluation of a musculoskeletal body area, an upper extremity. A review of the submitted documents finds no evidence that the examination included range of motion measurements. The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for a musculoskeletal body area. The MAR for the evaluation of a musculoskeletal body area, calculated according to the AMA Guides 4th Edition, without range of motion measurements, is \$150.00. The requestor assigned an impairment rating of one musculoskeletal body area. The total allowable reimbursement for the impairment rating evaluation of one musculoskeletal body area for this dispute is \$150.00.

Reimbursements that apply to the disputed designated doctor examination services rendered on April 10, 2023, are as follows:

- For an MMI examination, reimbursement is \$350.00.
- For an IR of one musculoskeletal body area, reimbursement is \$150.00.
- DWC finds that the total allowable reimbursement for the examination in question is \$500.00.
- Per explanation of benefits with attached check copy dated June 12, 2023, the insurance carrier paid \$500.00 for the disputed service rendered on April 10, 2023.

DWC finds that no additional reimbursement is due 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 \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

May 23, 2024

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 prefieres 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.