



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Karen Bales, D.O.

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-24-2077-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 27, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 30, 2023	Designated Doctor Examination 99456-W5-WP	\$270.00	\$270.00
Total		\$270.00	\$270.00

Requestor's Initial Position

"We billed a total of \$650.00 for this claim but were paid \$380.00. There was no formal explanation given on the EOB as reason for incomplete payment, but it appears to have been a typographical error in CCMSI's department. The CMS 1500 shows the charges to be 99456 W5-WP \$350 (which was paid) and 99456 W5 WP \$300.00 for impairment rating of one body part. The EOB lists the provider charge to be \$30 instead of \$300, and the recommended allowance was \$30 with no reduction in payment The payment should have been \$300, not \$30. In summary, we are in need of a payment in the amount of \$270.00 to settle this claim."

Requestor's Supplemental Position

August 7, 2024: "...we did receive the check for \$380 dated from 8/16/23. However, we have not received any additional payment... Based on the forms forwarded to me, the Virtual MasterCard appears to have been addressed and then sent to the wrong business and location (Catalyst Physical Therapy in San Antonio.) As a traveling designated doctor this is the location that the injured employee was seen, but payment to Catalyst Physical Therapy would be incorrect. As per the billing, payment should be to JKB Medical Exams (as was done on the initial check on

8/16/23). This appears to be an error by the carrier in addressing and sending payment to the wrong business, which appears to have now been cashed out by that wrong business.”

Amount in Dispute: \$270.00

Respondent's Position

“Based on a review of the claim history and the submitted documentation a recommendation is being made for the amount of \$287.46 including interest. A copy of the explanation of benefits has been included for review.”

Response submitted by: Injury Management Organization, Inc.

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

- 129 - Prior processing information appears incorrect.
- P12 – Workers’ Compensation jurisdictional fee schedule adjustment.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

1. What rules apply to the service in dispute?
2. As of the date of this review, in what amount has the requestor received payment for the services in dispute?
3. 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 the examination was performed by a 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...

(D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.

(i) Non-musculoskeletal body areas are defined as follows:

- (I) body systems;
- (II) body structures (including skin); and
- (III) mental and behavioral disorders...

(v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150..."

2. A review of the submitted documents finds that the insurance carrier has previously made two separate payments for this disputed claim.

The initial payment was paid on August 16, 2023, by paper check in the amount of \$380.00 made out to and sent to the billing provider address as listed in field 33 of the CMS 1500 medical billing form.

A second, supplemental payment was issued on June 12, 2024, via virtual card payment, in the amount of \$287.46. According to the submitted evidence, this payment was issued to and cashed on June 20, 2024, by an entity other than the billing provider listed in field 33 of the

CMS 1500 medical billing form.

After review of the evidence submitted, DWC concludes that only the initial reimbursement in the amount of \$380.00 was paid to the correct provider. Therefore, DWC finds that the requestor has received payment for the services in dispute in the total amount of \$380.00 as of the date of this review.

3. The requestor, Karen Bales, D.O., is seeking additional reimbursement in the amount of \$270.00 for a designated doctor examination rendered on June 30, 2023.

A review of the medical bills and medical record submitted finds that the requestor's charges for the services rendered on June 30, 2024, are in accordance with 28 TAC §134.250, which sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

The submitted medical record 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.

A review of the submitted medical record additionally finds that the requestor performed an impairment rating (IR) evaluation of one musculoskeletal body area, with range of motion. The rule at 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 requestor assigned an impairment rating utilizing range of motion for one musculoskeletal body area. The total allowable reimbursement for the impairment rating in this designated doctor examination is \$300.00.

In accordance with 28 TAC §134.250, the reimbursements which apply to the disputed examination rendered on June 30, 2024, are:

- For an MMI examination, reimbursement is \$350.00.
- For an IR of one musculoskeletal body area with range of motion, reimbursement is \$300.00.
- DWC finds that the total MAR for the examination in question is \$650.00.
- The insurance carrier paid \$380.00.
- Additional reimbursement in the amount of \$270.00 is recommended.

DWC finds that additional reimbursement in the amount of \$270.00 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 established that additional reimbursement in the amount of \$270.00 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 City of San Antonio must remit to Karen Bales, D.O. \$270.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	December 11, 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 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.