



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Scott T. Orth, M.D.

Respondent Name

Houston ISD

MFDR Tracking Number

M4-24-2088-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

May 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2024	99456-WP	\$500.00	\$10.00
Total		\$500.00	\$10.00

Requestor's Position

"On 04/30/2024 the CPT modifier was corrected to 99456, WP, and a corrected claim was submitted to the payer with a letter explaining. As of today, 05/28/2024, there is no payment for this bill."

Email correspondence from the requestor dated July 22, 2024: "We received the additional payment in the amount of \$147.00 dollars, but I am disputing an additional payment due in the amount of \$10.00 dollars. The claim is payable at \$500.00 dollars and we received a total payment in the amount of \$490.00 dollars."

Amount in Dispute: \$500.00

Respondent's Position

"The healthcare provider submitted a corrected bill which was received May 7, 2024, and processed 05/16/2024 with a payment recommendation of \$343.00. A reconsideration was received 05/21/2024 with no additional payment recommendation. It is the carrier's position that an additional amount is due for the impairment rating portion of this exam. The additional recommended allowance is \$147.00. Check number... in the amount of \$147.00 was issued 06-11-24."

Submitted by: Novare, LLC

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

- 4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 256 - BILLING OF MODIFIER IS NOT APPROPRIATE FOR SERVICES PERFORMED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 18 - EXACT DUPLICATE CLAIM/SERVICE.
- 247 - A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

Issues

1. Have the services in dispute received reimbursement as of the date of this review?
2. What rules apply to the services in dispute?
3. Is the requestor entitled to additional reimbursement?

Findings

1. According to email correspondence from the requestor, the insurance carrier has paid a total amount of \$490.00 for the service of an examination rendered on March 4, 2024, to determine maximum medical improvement (MMI) and to provide an impairment rating (IR) if MMI has been reached. A review of the explanation of benefits (EOB) documents submitted confirms that the services in dispute have received reimbursement in the total amount of \$490.00.

DWC finds that as of the date of this review, the services in dispute have received reimbursement in the amount of \$490.00. Therefore, DWC will review and adjudicate the

disputed date of service for the remaining amount in dispute of \$10.00 in accordance with the applicable Texas Administrative Code Rules.

2. This medical fee dispute involves an examination, rendered by a doctor selected by the insurance carrier and approved by TDI-DWC, 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 \$500.00 for CPT code 99456-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 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..."

3. The requestor is seeking additional reimbursement in the remaining unpaid amount of \$10.00 for an examination to determine maximum medical improvement and impairment rating.

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

A review of the submitted documentation finds that the requestor performed an impairment rating (IR) evaluation and assigned an impairment rating, utilizing the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition. 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 body area performed using the DRE method is \$150.00. The requestor assigned an impairment rating for one musculoskeletal body area. Therefore, the total allowable reimbursement for the impairment rating of the musculoskeletal body area in this dispute is \$150.00.

In accordance with 28 TAC §134.250, the reimbursements which apply to the disputed examination rendered on March 4, 2024, are:

- For an MMI examination reimbursement is \$350.00.
- For an IR of one musculoskeletal body area, utilizing the DRE method, reimbursement is \$150.00.
- DWC finds that the total maximum allowable reimbursement for the examination in question, rendered on March 4, 2024, is \$500.00.
- Per explanation of benefits submitted, the insurance carrier has paid \$490.00 for the disputed services as of the date of this review.
- Additional reimbursement in the amount of \$10.00 is recommended.

DWC finds that additional reimbursement in the amount of \$10.00 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 \$10.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$10.00 additional reimbursement for the disputed services. It is ordered that Houston ISD must remit to Scott T. Orth, M.D. \$10.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

July 31, 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.