TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
James Hood, M.D.

Respondent Name
City of Houston

MFDR Tracking Number
M4-24-2126-01

Carrier's Austin Representative
Box Number 29

DWC Date Received
June 3, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 13, 2023	Required Medical Examination – Evaluation of Medical Care 99456	$500.00	$0.00
January 29, 2024	99080	$500.00	$0.00
	Total	$1,000.00	$0.00

Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: $1,000.00

Respondent's Position

"Based on review of the submitted documentation discrepancies are found in the MDR request. There are two bill copies attached to the MDR, both for dates of service 12/13/23 with CPT code 99080, billed amounts 500.00. Also, there are two EOB copies, one with date of service 01/04/24 for CPT 99080 billed 600.00 and the other for 12/13/23 under CPT 99456 billed amount 500.00. However, the DWC060 form and dispute request is not a match to the documentation submitted. In addition, no bill has been received by the carrier for date of service 1/29/24 and no proof of that submission is found in this MDR."

Response Submitted by: IMO Managed Care

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) §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.235, effective July 7, 2016, 41 TexReg 4839 sets out the fee guidelines for examinations for evaluation of medical care.

Denial Reasons

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

- Notes: "This procedure on this date was previously reviewed"
- 18 – Exact duplicate claim/service.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.

Issues

1. What are the services considered in this dispute?

2. Is James Hood, M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Hood is seeking reimbursement for procedure code 99456, representing the submitted evaluation of medical care performed on December 13, 2023, and procedure code 99080 for disputed date of service January 29, 2024. These are the services considered in this dispute.

2. Per explanation of benefits dated March 14, 2024, City of Houston denied procedure 99456, in part, stating, "The procedure code is inconsistent with the modifier used or a required modifier is missing." The submitted documentation indicates that the services were a required medical examination "initiated and requested by the carrier."

   28 TAC §134.235, effective July 7, 2016, 41 TexReg 4839, states, in relevant part, "The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.'"

No evidence was received by DWC to support that the requestor submitted a bill to the insurance carrier that included modifier "RE." Therefore, no reimbursement can be recommended for this service.

A review of the documentation received by DWC does not support that Dr. Hood submitted a bill to the insurance carrier for procedure code 99080 with date of service January 29, 2024. Therefore, no reimbursement can be recommended for this service.

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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		July 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 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 electronico CompConnection@tdi.texas.gov.