



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Christine Lee, M.D.

Respondent Name

Pennsylvania Manufacturers Association

MFDR Tracking Number

M4-24-2539-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 19, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 22, 2024	Designated Doctor Examination 99456-W5-26	\$240.00	\$160.00
January 22, 2024	99456-W5-TC	\$660.00	\$0.00
Total		\$900.00	\$160.00

Requestor's Position

"These services were requested and prescribed by the Division. The above referenced designated doctor performed the MMI examination and assigned the IR, but he did not perform the range of motion, strength, or sensory testing of the musculoskeletal body area(s), that means he should bill using the appropriate MMI CPT code 99546 with the component modifier- 26. Reimbursement for the examining doctor is 80% of the MAR."

Amount in Dispute: \$900.00

Respondent's Position

"At the most, the provider would be entitled to \$350 for the MMI portion of the exam, \$300 for the first of the three body areas on the basis that range of motion testing was provided and \$150 for the second body area and \$150 for the third body area. That would total \$950. In this case,

there were two people involved in the impairment rating but between the two, the total reimbursement was still not be any greater than \$950. The provider billed \$1,600. The provider acknowledge that the carrier reimbursed her the amount of \$700.”

Response submitted by: Flahive, Ogden & Latson

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

- 289 – THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR THE TECHNICAL COMPONENT OF THE SERVICE PERFORMED.
- 298 - THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR THE PROFESSIONAL COMPONENT OF THE SERVICE PERFORMED.
- 3384 - REDUCTION BASED ON THE MODIFIER(S) BILLED.
- 4150 - AN ALLOWANCE HAS BEEN PAID FOR A DESIGNATED DOCTOR EXAMINATION AS OUTLINED IN 134.204(j) FOR ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE IS PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.
- 876 - REIMBURSEMENT EQUALS THE AMOUNT BILLED.

Issues

1. Is the insurance carrier’s reimbursement reduction reason supported?
2. Is Christine Lee, M.D. entitled to additional reimbursement for the disputed date of service?

Findings

1. Dr. Lee is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The insurance carrier reduced the payment citing that reimbursement allowances were based on professional and technical components separately.

Per 28 TAC §134.250 (4)(C)(iv), which addresses the impairment rating when the examining doctor "does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier '26.' Reimbursement shall be 80 percent of the total MAR."

Per 28 TAC §134.250 (4)(C)(v), the health care provider that performed the "range of motion, sensory, or strength testing of the musculoskeletal body area(s) shall bill using the appropriate MMI CPT code with modifier 'TC' ... Reimbursement shall be 20 percent of the total MAR."

According to the billing and the position statements submitted, the range of motion, strength, or sensory testing were performed by another health care provider, not Dr. Lee, the examining doctor.

DWC finds that the insurance carrier's reimbursement reduction reason(s) is supported.

2. The requestor, a designated doctor, is seeking additional reimbursement in the amount of \$900.00 for a designated doctor examination to determine maximum medical improvement and impairment rating.

The requestor billed the examination under CPT codes 99456-W5-26 x 2 units and 99456-W5-TC x 2 units.

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

The submitted medical record supports that Dr. Lee performed impairment rating (IR) evaluations of two musculoskeletal body areas, with the range of motion, strength or sensory testing performed by another health care provider other than Dr. Lee. In accordance with 28 TAC §134.250, reimbursement for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00 and for each additional body area reimbursement shall be \$150.00 each. The submitted medical record also supports that Dr. Lee performed an IR evaluation of one non-musculoskeletal body area, for which the reimbursement is set at \$150.00 per 28 TAC §134.250. The MAR for the musculoskeletal IR evaluations is \$450.00.

Reimbursement at 80 percent of this amount is \$360.00. The MAR for the non-musculoskeletal IR evaluation is \$150.00. Therefore, DWC finds that the total reimbursement amount for the IR evaluations on this disputed date of service is \$510.00.

Regarding the disputed CPT code 99456-W5-TC, the requestor indicated that a different health care provider, other than Dr. Lee, performed the range of motion, sensory, or strength testing. 28 TAC §134.250 (4)(C)(v) states, "If a health care provider, other than the examining doctor, performs the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the health care provider shall bill using the appropriate MMI CPT code with modifier 'TC'.

In accordance with §130.1 of this title, the health care provider must be certified. Reimbursement shall be 20 percent of the total MAR.”

DWC finds that in accordance with 28 TAC §134.250 (4)(C)(v), the requestor is not entitled to reimbursement for CPT code 99456-W5-TC.

DWC calculates total maximum allowable reimbursement (MAR) for the examination in question billed under 99456-W5-26, as follows:

Calculation of the total MAR for this disputed designated doctor examination, includes reimbursement in the amount of \$350.00 for the MMI evaluation plus \$510.00 for the IR evaluations, in accordance with 28 TAC §134.250.

DWC finds that the total MAR for this designated doctor examination to determine MMI and IR, billed under CPT code 99456-W5-26 is \$860.00. The insurance carrier paid a total amount of \$700.00 for this disputed date of service. Therefore, DWC finds that the requestor is entitled to additional reimbursement in the amount of \$160.00 for the disputed date of service, January 22, 2024.

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 is due in the amount of \$160.00.

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 Pennsylvania Manufacturers Association must remit to Christine Lee, M.D. \$160.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 6, 2024
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.