



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marcus Hayes, D.C.

Respondent Name

Chubb Indemnity Insurance Co.

MFDR Tracking Number

M4-24-2796-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 19, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2024	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99455-V4	\$834.00	\$385.00

Requestor's Position

Initial Statement: "This is not an issue of a disputed claim ... Therefore, AI&FATC requests ESIS to remit the balance due of \$834.00 for said procedure performed on said patient on said date."

Supplemental Statement: "The carrier remitted payment for the 'V4' level MMI certification, but did not remit the \$385.00 for the IR determination. Therefore, I wish to proceed with the MFDR unless the carrier remits \$385.00 for the IR determination."

Amount in Dispute: \$834.00

Respondent's Position

"Upon receipt of the MDR requested, the bill was sent for reconsideration. A payment of \$261.67 for DOS 7-22-24/7-22-24 was issued 9-3-24."

Response Submitted by: ESIS

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 §134.250, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for maximum medical improvement and impairment examinations by treating doctors.

Denial Reasons

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

- 133 – The disposition of this service line is pending further review.
- A1 – Claim/service denied.
- US03 – Disputed claim.
- Notes: "Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0, Additional recommended allowance of \$261.67 is being made based upon additional supporting documentation received"
- 222 – Charge exceeds Fee Schedule allowance
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CIQ377 – Additional recommendation is based upon additional supporting documentation received.

Issues

1. Is this dispute subject to dismissal based on compensability?
2. Is Marcus Hayes, D.C. entitled to additional reimbursement?

Findings

1. Dr. Hayes is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR). Per explanation of benefits dated August 6, 2024, the insurance carrier denied payment based indicating the bill involved a "disputed claim."

Per the insurance carrier's response to this dispute, it did not maintain its denial based on compensability of the claim. Therefore, this dispute is not subject to dismissal for this reason.

2. Because the insurance carrier did not maintain its denial of payment for the services in question, DWC will review the services for total allowable reimbursement amount.

Per 28 TAC §134.250 (b)(3) states, "If the treating doctor determines MMI has been reached and an IR evaluation is performed, the treating doctor must bill, and the insurance carrier must reimburse, both the MMI evaluation and the IR evaluation portions of the examination in accordance with subsection (c) of this section."

28 TAC §134.250 (c) states, "The following applies for billing and reimbursement of an MMI or IR evaluation by a treating doctor.

- (1) CPT code. The treating doctor must bill using CPT code 99455 with the appropriate modifier. Modifiers 'V3,' 'V4,' or 'V5' must be added to CPT code 99455 to correspond with the last digit of the applicable office visit.
- (2) MMI. MMI evaluations must be reimbursed based on the applicable established patient office visit level associated with the examination under §134.203 of this chapter.
- (3) IR. For IR examinations, the treating doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. Indicate the number of body areas rated in the unit's column of the billing form.
 - (A) ...
 - (ii) For musculoskeletal body areas:
 - (l) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)"

Dr. Hayes billed the examination in question as 99455-V4. Therefore, the reimbursement for the MMI portion of the examination is based on established patient office visit code 99214. To calculate reimbursement for this portion, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2024 is 67.81.
- The Medicare conversion factor for July 22, 2024, is 33.2875.
- Per the submitted medical bills, the service was rendered in zip code 77581 which is in Medicare locality 0441209.

The Medicare participating amount for CPT code 99214 is \$128.45. The MAR is calculated as follows: $(67.81/33.2875) \times \$128.45 = \261.67

Documentation submitted with the dispute supports that Dr. Hayes provided an impairment rating of the upper extremity. The total allowable reimbursement for this service is \$385.00.

The total allowable reimbursement for the services in question is \$646.67. Per explanation of benefits dated August 29, 2024, the insurance carrier paid \$261.67. An additional \$385.00 is recommended.

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 of \$385.00 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 Chubb Indemnity Insurance Co. must remit to Marcus Hayes, D.C. \$385.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	October 16, 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 electrónico CompConnection@tdi.texas.gov.