

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Calvin Plumb, D.C.

**Respondent Name**

Amerisure Insurance Co.

**MFDR Tracking Number**

M4-24-2959-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

August 28, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 16, 2024	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
February 16, 2024	99456-W7-RE	\$0.00	\$0.00
February 16, 2024	99456-W8-RE	\$0.00	\$0.00
<b>Total</b>		<b>\$150.00</b>	<b>\$150.00</b>

### Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS. THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$150.00

### Respondent's Position

"Both the original bill (attachment 2) and the recon (attachment 3) I received do not support ROM testing."

**Response Submitted by:** Amerisure

## 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:

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- C (Billed Service Code) – Service billed has been reviewed for payment eligibility.

### Issues

1. What services are in dispute?
2. What rules apply to the services in dispute?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The requestor listed three designated doctor evaluation CPT codes on the Medical Fee Dispute Resolution (MFDR) Request form DWC060. Upon review of the DWC060 form submitted, DWC finds that the only service in dispute is CPT code 99456-W5-WP. Therefore, only 99456-W5-WP, rendered on February 16, 2024, will be reviewed and adjudicated.
2. 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.  
DWC finds that 28 TAC §134.250 which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, applies to the billing and reimbursement of the services in dispute and 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.

(B) When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code.

(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."

3. Dr. Plumb, a designated doctor, is seeking additional reimbursement in the amount of \$150.00 for an examination by a designated doctor to determine maximum medical improvement and impairment rating.

On the disputed date of service, the requestor, a designated doctor, billed for 99456-W5-WP in the amount of \$650.00.

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).

The submitted documentation supports that Dr. Plumb, the designated doctor, performed an evaluation of maximum medical improvement 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 documentation finds that Dr. Plumb performed an impairment rating evaluation of one musculoskeletal body area with range of motion testing. 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.

<b>Examination 99456-W5-WP February 16, 2024</b>	<b>AMA Chapter</b>	<b>\$134.250 Category</b>	<b>Reimbursement Amount</b>
MMI			\$350.00
IR: Upper Extremity	Musculoskeletal System	Upper Extremity	\$300.00
<b>MAR</b>			<b>\$650.00</b>

DWC finds that the total allowable reimbursement for the disputed service is \$650.00. Per the submitted documentation, the insurance carrier paid \$500.00. Therefore, DWC finds that the requestor is entitled to additional reimbursement in the amount of \$150.00 for the disputed CPT code 99456-W5-WP rendered on February 16, 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 in the amount of \$150.00 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 Amerisure Insurance Co. must remit to Calvin Plumb, D.C. \$150.00 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 30, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).