



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

William Meiser, D.O.

Respondent Name

Federal Insurance Co.

MFDR Tracking Number

M4-24-2980-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 11, 2024	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Specialist Report 99456-W5-SP	\$50.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"TDI-DWC addresses testing referred out to another doctor in rule 134.250 (D) (1). This rule states: When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialists, then the following shall apply: The examining doctor shall bill using the appropriate MMI CPT code with modifier 'SP' and indicate one unit. Reimbursement shall be \$50.00."

Amount in Dispute: \$50.00

Respondent's Position

"Per Rule §134.204 (n) The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes.

(8) SP, Specialty Area--This modifier shall be added to the appropriate MMI CPT code when a specialty area is incorporated into the MMI report.

"Additionally, per Rule §134.204 (j)(4)(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.

(iii) When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply:

(l) The examining doctor (e.g., the referring doctor) shall bill using the appropriate MMI CPT code with modifier 'SP' and indicate one unit in the unit's column of the billing form. Reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination.

"The Requestor did not perform an MMI/IR examination. See attached EORs. Since the Requestor did not determine MMI/IR, 99456-SP was not subject to payment. Please also note, the injury is... An FCE exam is a... test."

Response Submitted by: CorVel

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 July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

Denial Reasons

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

- 234 – This procedure is not paid separately.

- Comments: "SP, specialty area – This modifier shall be added to the appropriate MMI CPT code when a specialty area is incorporated into the MMI report. There was no determination of MMI."
- Comments: "SP, specialty area – This modifier shall be added to the appropriate MMI CPT code when a specialty area is incorporated into the MMI report. There was no determination of IR."
- Comments: "The document you included in request for reconsideration clearly [sic] states that '450 for incorporating one or more specialist's report(s) information into the FINAL ASSIGNMENT OF IR. No IR was determined"

Issues

1. What services are considered in this dispute?
2. Is William Meiser, D.O. entitled to reimbursement for the service in question?

Findings

1. Dr. Meiser submitted a request for medical fee dispute for a designated doctor examination in accordance with 28 TAC §133.307. The designated doctor examination that included determination of the extent of the compensable injury, whether disability was related to the compensable injury, and the ability to return to work. He also included billing for incorporating a specialist report.

Dr. Meiser is seeking \$0.00 for the determination of the extent of the compensable injury, whether disability was related to the compensable injury, and the ability to return to work. Therefore, these services will not be considered in this dispute.

Dr. Meiser is seeking \$50.00 for incorporating a specialist report in the examination, billed with procedure code 99456-W5-SP. This service will be considered in this dispute.

2. 28 TAC §134.250(4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating to non-musculoskeletal body areas. Dr. Meiser provided no evidence to support that a specialist's report was used in the final determination of an impairment rating of a non-musculoskeletal body area. 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 additional 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

_____	_____	November 25, 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.