

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gary Williams, M.D.

**Respondent Name**

Prescient National Insurance Co.

**MFDR Tracking Number**

M4-25-0814-01

**Carrier's Austin Representative**

Box Number 21

**DWC Date Received**

December 9, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 18, 2023	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$800.00	\$800.00

### Requestor's Position

"Carrier has not responded to RFR. The claim was incorrectly denied. The claim was billed properly using 99456 WP for this Referred Doctor Examination for MMI/IR referred by the treating doctor as he was not certified to perform MMI/IR. The appropriate units (2) was billed for the upper and lower extremity impairment rating. Proof of carrier receipt of RFR is attached. Chart notes showing requests for EOB following RFR submission was made."

**Amount in Dispute:** \$800.00

### Respondent's Position

"Dr. Williams certified that the claimant reached Maximum Medical Improvement on October 30, 2023 and that the Claimant had a 0% Impairment Rating. Dr. Williams billed the exam under CPT Code for \$800 with a modifier of WP and 2 units. The carrier rightfully denied the charges as being inconsistent with the units billed."

**Response Submitted by:** Thornton Biechlin Reynolds & Guerra

## 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:

- N43 – Procedure code is inconsistent with the units billed.

### Issues

1. Is Gary Williams, M.D., entitled to reimbursement for the examination in question?

### Findings

1. Dr. Williams is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR).

The submitted documentation supports that Dr. Williams performed an evaluation of MMI. 28 TAC §§134.250(3)(C) states, "an examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350."

Review of the submitted documentation finds that Dr. Williams performed impairment rating evaluations of upper extremities and lower extremities with range of motion testing. When the examining doctor calculates an impairment rating, 28 TAC §§134.250(4) states, in relevant part "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 units column of the billing form.
- (B) ...
- (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 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."

DWC finds the total allowable reimbursement for the examination in question is \$800.00. This amount 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 reimbursement of \$800.00 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Prescient National Insurance Co., must remit to Gary Williams, M.D. \$800.00 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	February 7, 2025 Date
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**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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).