



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral Endsley, D.O.

Respondent Name

Sentry Casualty Co.

MFDR Tracking Number

M4-25-0188-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 19, 2024	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456	\$385.00	\$385.00

Requestor's Position

"The original amount was billed in accordance to this rule. We are entitled to both the MMI exam and the IR portion. Please also note that the correct fee amount is now being reflected on the CMS 1500."

Amount in Dispute: \$385.00

Respondent's Position

"They are disputing the payment for CPT 99456 which was billed with 1 unit for \$834.00 ... When the provider is billing for the IR the number of units should reflect the number of MSK body areas examined ... the provider should be billing the MMI and IR on separate lines with the appropriate units. We reimbursed the provider for \$449 for the MMI exam as billed with 1 unit."

Response Submitted by: Sentry Insurance

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 §134.260](#), effective June 1, 2024, 49 TexReg 1489, sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed by referred doctors.

Denial Reasons

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

- 528 – Payment denied as this modifier is incorrect or no longer valid.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- A90 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Note: "Reconsideration previously paid \$449.00"

Issues

1. Is Sentry Casualty Co.'s denial based on modifier use supported?
2. Is Ferral Endsley, D.O. entitled to additional reimbursement?

Findings

1. Dr. Endsley is seeking additional reimbursement for an examination to determine maximum medical improvement (MMI), and impairment rating (IR) performed on referral of the treating doctor acting in place of the treating doctor.

Per explanation of benefits dated July 15, 2024, the insurance carrier denied payment stating, "PAYMENT DENIED AS THIS MODIFIER IS INCORRECT OR NO LONGER VALID" and "THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING."

According to documentation submitted to DWC, the insurance carrier did not maintain this denial after a corrected bill was submitted. Therefore, this denial reason is not supported.

2. Per explanations of benefits dated August 6, 2024, and August 21, 2024, Sentry Casualty Co. reduced payment based on fee guidelines.

28 TAC §134.260(c) states, "The following applies for billing and reimbursement of an MMI or IR evaluation by a referred doctor.

- (1) CPT code. The referred doctor must bill using CPT code 99456 with the appropriate modifier.
- (2) MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4).
- (3) IR. For IR examinations, the referred 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."

In its position statement, the insurance carrier stated, "the provider should be billing the MMI and IR on separate lines with the appropriate units." DWC finds no such requirement in 28 TAC §134.260.

28 TAC §134.260(c)(3)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

DWC finds that the submitted documentation supports that Dr. Endsley found the injured employee to be at MMI and determined an IR for one musculoskeletal body area. Therefore, he is entitled to reimbursement of \$834.00. Per explanation of benefits dated August 6, 2024, the insurance carrier paid \$449.00. An additional reimbursement of \$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 Sentry Casualty Co. must remit to Ferral Endsley, D.O. \$385.00 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

October 10, 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 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.