



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral Endsley, D.O.

Respondent Name

Sentry Select Insurance Co.

MFDR Tracking Number

M4-25-0190-01

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 20, 2024 | Examination to Determine Maximum Medical Improvement and Impairment Rating – 99455-V3 | \$384.29 | \$384.29 |

Requestor's Position

"The original bill was for an impairment rating and should be paid as such pursuant to the Texas Administrative Code Title 28, Part 2, Chapter 134, Subchapter C, which states:

"The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement PLUS the reimbursement for the body area(s) evaluated for the assignment of an IR."

"The original amount was billed in accordance to this rule. I billed a 99213 in which the MAR is \$179.71, PLUS the impairment rating of 385. We were only paid for the office visit even though the HCFA clearly states this was for an impairment rating."

Amount in Dispute: \$384.29

Respondent's Position

"The providers office billed 99455-V3 and were reimbursed accordingly for the V3 modifier ... when the provider is billing for the IR, they should bill 99455 and the number of units should

reflect the number 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 \$179.71 for the exam as billed with 99455-V3 with 1 unit.”

Response Submitted by: Sentry

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 §134.203](#) sets out the fee guidelines for professional medical services.
3. [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 reduced the payment for the disputed services with the following claim adjustment codes:

- A90 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.

Issues

1. 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). Per explanations of benefits dated July 25, 2024, and August 9, 2024, Sentry Select Insurance Co. reduced payment based on fee guidelines.

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."

DWC finds that the submitted documentation supports that Dr. Endsley found the injured employee to be at MMI.

Dr. Endsley billed procedure code 99455-V3 for the examination in question. Therefore, the applicable established patient office visit level associated with the examination is represented by procedure code 99213. Reimbursement for this portion of the examination is determined in accordance with 28 TAC §134.203(b), which states, in relevant part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 TAC §134.203(c) states, in relevant part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year ..."

To determine the MAR for the MMI portion of the examination in question, 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 2024 is 33.2875.
- Per the submitted medical bills, the service was rendered in zip code 79601 which is in Medicare locality 0441299.

The Medicare participating amount for CPT code 99213 is \$88.22. The MAR is calculated as

follows: $(67.81/33.2875) \times \$88.22 = \179.71 . 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 §134.250.

DWC finds that the submitted documentation supports that Dr. Endsley determined an IR for one musculoskeletal body area. 28 TAC §134.250(c)(3)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

Therefore, the doctor is entitled to reimbursement of \$564.71. Per explanation of benefits dated August 7, 2024, the insurance carrier paid \$179.71 for the service in question. Dr. Endsley is requesting an additional reimbursement of \$384.29. 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 additional reimbursement of \$384.29 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 Select Insurance Co. must remit to Ferral Endsley, D.O. \$384.29 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

| | | |
|-----------|----------------------------------------|-------------------|
| _____ | _____ | November 15, 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.