



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral Endsley, D.O.

Respondent Name

Everest National Insurance Co.

MFDR Tracking Number

M4-25-0289-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 2, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 17, 2024	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99455-V3	\$385.00	\$385.00

Requestor's Position

"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 either \$192 or 385. We were only paid for the office visit even though the HCFA clearly states this was for an impairment rating."

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for Everest National Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 8, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a treating doctor.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 00663 – Reimbursement has been calculated based on the state guidelines
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 90223 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Is Ferral Endsley, D.O. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Endsley is seeking additional reimbursement for an examination he performed as the treating doctor to determine maximum medical improvement (MMI) and impairment rating (IR).

28 TAC §134.250(b)(3) states, "If the treating doctor determines MMI has been reached and an IR evaluation is performed, the treating doctor must bill, and the insurance carrier must reimburse, both the MMI evaluation and the IR evaluation portions of the examination in accordance with subsection (c) of this section." The evidence submitted supports that Dr. Endsley determined that MMI had been reached and an IR evaluation was performed.

Per 28 TAC §134.250(c)

- (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 units column of the billing form.

(A) ... (ii) ...

(l) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)

Dr. Endsley billed procedure code 99455 with modifier V3. This modifier represents the established patient office visit billed with procedure code 99213. Reimbursement fee guidelines for professional services are addressed in 28 TAC §134.203(c), which 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 maximum allowable reimbursement (MAR), 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 date of service June 17, 2024 is 33.2875.
- Per the submitted medical bills, the service was rendered in zip code 79601 which is in Medicare locality 441299.
- 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 .

Dr. Endsley also performed an IR evaluation for one musculoskeletal body area. Therefore, the MAR for this evaluation is \$385.00.

The total allowable amount for the services in question is \$564.71. Per explanation of benefits dated July 17, 2024, the insurance carrier paid \$179.71. 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 reimbursement for the disputed services. It is ordered that Everest National Insurance 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

_____	_____	January 24, 2025
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.