



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Mary F. Terrell, MD

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-15-1013-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

December 1, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I received an EOB denying partial payment for this bill; the denial states 'WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT'. However, this denial is incorrect, since the payment made did not meet the amount suggested for payment by the Medical Fee Guidelines.

99456-W5-WP was the CPT code & modifiers used because: a doctor other than the treating doctor examined the injured worker; the doctor was acting as a TDI-DWC appointed designated doctor; the exam performed by the doctor is billing for the whole procedure of impairment rating measurements; the doctor is eligible for 100% of the MAR for the exam.

We billed a total of \$1,000.00 for these services. *We have only received \$850.00 from your company, which does not meet the Medical Fee Guidelines suggested payment amount of \$950.00.* Please issue prompt payment in the amount of **\$150.00** to settle this claim."

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon notification of this dispute the Office performed a comprehensive review of the medical billing in question received from requestor ... for date of service 3/12/14, for CPT Code 99456 W5 WP in the amount of \$100.00 and determined that the reimbursement made to the requestor for this exam exceeds the Divisions Rules and payment policies and is identified as a potential overpayment.

The Office's audit findings of this exam are as follows:

MMI (Face, Scalp, Neck)	\$350.00
IR (ROM Cervical)	\$300.00 (ROM performed)
IR (Non-Musculoskeletal)	\$50.00
Total Reimbursement	\$700.00

Pursuant to Rule 134.202 (D)(iii)(iv) states non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT codes for the test(s) required for the assignment of IR. When the examining doctor refers the testing for non-musculoskeletal body area(s) to a specialist then the following shall apply (-a-) the examining doctor shall bill using the appropriate MMI CPT code with the modifier 'SP' and indicate 1 unit in the unit's column of the billing form. Reimbursement shall be \$50.00 for the incorporating one or more specialists report(s) information into the final assignment of IR. The reimbursement shall be allowed only once per examination.

Review of the exam finding revealed that the examining doctor evaluated Neck, face/scalp/neck, hearing loss and post traumatic headaches. The AMA defines non-musculoskeletal body areas as the nervous system, respiratory system, cardiovascular system, visual, ear, nose and throat, digestive, urinary, endocrine, skin, and mental and behavioral. If interpreting the AMA guides correctly, impairment for hearing loss, headaches, vision and face-body system and structure would fall under the non-musculoskeletal rating as stated in Rule 134.202 (D)(iii)(iv). The

requestor did not include CPT codes for tests performed to assist with impairment assignment, however did bill the 99456 'SP' for the specialist report(s) that was incorporated into their final impairment findings.”

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 12, 2014	Designated Doctor Examination	\$100.00	\$100.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing designated doctor examinations performed on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1 – Workers Compensation State Fee Schedule Adjustment
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is the correct rule to determine appropriate fees for the disputed services?
2. What is the correct MAR for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier referred to 28 Texas Administrative Code §134.202 in the position statement received on this dispute. However, 28 Texas Administrative Code §134.204 (a) states, in relevant part, “(2) This section applies to workers' compensation specific codes, services and programs provided on or after March 1, 2008. (3) For workers' compensation specific codes, services and programs provided between August 1, 2003 and March 1, 2008, §134.202 of this title (relating to Medical Fee Guideline) applies.” Review of the submitted documentation finds that the disputed services were provided on date of service 3/12/14. Therefore, the correct rule to determine the appropriate fees for the disputed services is 28 Texas Administrative Code §134.204.
2. Per 28 Texas Administrative Code §134.204 (j)(3), “The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. Therefore, the correct MAR for this examination is \$350.00.

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that “(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... (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. (D) ... (i) Non-musculoskeletal body areas are defined as follows: (I) body systems; (II) body structures (including skin); and, (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides... (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150”.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of contusions/lacerations of the head/face, cervical sprain/strain, headaches, hearing, and vision. The AMA Guides to the Evaluation of Permanent Impairment (fourth edition) places the face/hearing in the Ear, Nose, Throat, and Related Structures chapter. For this reason, these injuries are considered a body structure in the

non-musculoskeletal category. The AMA Guides places the cervical in the Musculoskeletal chapter, in the spine/pelvis section. The AMA Guides places headaches in the Nervous System chapter. For this reason, it is considered a body system in the non-musculoskeletal category. The AMA Guides places vision in the Visual System chapter. For this reason, it is considered a body system in the non-musculoskeletal category. Therefore, the correct MAR for the evaluation to determine Impairment Rating is \$750.00.

28 Texas Administrative Code §134.204(j)(4)(D)(iii) states, "When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply: (I) 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 units 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 submitted documentation supports that the requestor referred the injured employee to Dr. David Tasker for vision testing and the report was included. Documentation indicates that this report was incorporated into the final assessment of IR. Therefore, the correct MAR for this service is \$50.00.

Please see the table below for detailed information:

Examination	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement		\$350.00
IR: Cervical (ROM)	Spine & Pelvis	\$300.00
IR: Cont/Lac of Head/Face & Hearing	Body Structures	\$150.00
IR: Headaches	Body Systems	\$150.00
IR: Vision	Body Systems	\$150.00
Total MMI		\$350.00
Total IR		\$750.00
Special Reports		\$50.00
Total Exam		\$1,150.00

- The total allowable for the disputed services is \$1150.00. The insurance carrier paid \$850.00. The remaining balance is \$300.00. The requestor is seeking \$100.00. Therefore, the requestor is entitled to additional reimbursement of \$100.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$100.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$100.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

March 5, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received

by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.