



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MEDICAL EQUATION

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-13-0295

Carrier's Austin Representative

Box Number 54

MFDR Date Received

September 27, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This appointment consisted of Range of Motion (ROM) with one body area ... The fee for a ROM with one body area is \$650.00."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... because the requestor was in the Network and Texas Mutual claim ... is in the same Network, the requestor is not eligible to access medical fee dispute resolution through DWC."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 27, 2011	Designated Doctor Examination	\$650.00	\$650.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code §127.140 defines and sets out procedures related to disqualifying associations for Designated Doctors.
- 28 Texas Administrative Code §134.1 addresses medical reimbursement for this date of service.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursement of designated doctor examinations, including this date of service.
- Texas Labor Code §408.0041 provides the authority of the Commissioner of the Division of Workers' Compensation to order a designated doctor examination.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-18 – Duplicate claim/service

- 224 – Duplicate charge.
- CAC-B5 – Coverage/program guidelines were not met or were exceeded.
- CAC-W1 – Workers compensation state fee schedule adjustment
- 728 – This bill was reviewed/denied in accordance with your First Health contract.
- 788 – Texas Star Network Dr. may not perform DD exams for workers receiving care through same network per Chapter 126 &/or 127 and rule 180.21.

Issues

1. Is payment prohibited for the examination in dispute?
2. Is Medical Equation entitled to reimbursement for the examination in question?

Findings

1. Medical Equation is seeking reimbursement for a designated doctor examination ordered by the DWC. The insurance carrier is required to pay for a designated doctor examination, unless otherwise prohibited.¹

Texas Mutual Insurance Company denied the designated doctor examination based on network status. Disqualifying associations are “any association that may reasonably be perceived as having potential to influence the conduct or decision of a designated doctor.”² These include the designated doctor being in the same network covering the injured employee’s claim.

Consequences for performing a designated doctor examination when a disqualifying association exists are specified in 28 TAC §127.140, but these do not include a prohibition of payment. The DWC finds that the insurance carrier failed to support that a prohibition of payment exists for the examination in question.

2. Because Texas Mutual Insurance Company failed to support its denial of payment, Medical Equation is entitled to reimbursement.

The submitted documentation supports that Gregory S. Goldsmith, M.D. performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.³

The submitted documentation supports that Dr. Goldsmith provided an impairment rating for a musculoskeletal body area, performing a full physical evaluation with range of motion of the upper extremity. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.⁴

The total allowable reimbursement for the disputed services is \$650.00. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$650.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ Texas Labor Code §408.0041 (h)

² 28 TAC §127.140 (a)

³ 28 TAC §134.250(3)(C)

⁴ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

January 22, 2020

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **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.