



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Pradeep Parihar, MD

**Respondent Name**

American Zurich Insurance Company

**MFDR Tracking Number**

M4-15-0705-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

October 21, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We submitted a request for reconsideration to Zurich American Insurance on January 27, 2014, this request was in response to a \$150.00 reduction of the \$650.00 for the DDE performed on 01/04/14. Unfortunately our request was denied and we are seeking the balance owed to us.

The denial reason(s) per EOB are: Workers Compensation fee schedule adjustment. Designated Doctor Exams are billed according to DWC rule 134.204 and in accordance with labor code 408.004, 408.0041, and 408.151."

**Amount in Dispute:** \$150.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "This is a medical fee dispute concerning a designated doctor evaluation on MMI and IR on January 27, 2014. Requestor billed a total of \$650. Carrier issue reimbursement in the amount of \$500.

The compensable condition was a finger amputation. Carrier correctly calculated reimbursement based on \$350 for the MMI evaluation and \$150 for the diagnoses based IR evaluation. The IR evaluation did not include a full range of motion evaluation."

**Response Submitted by:** Flahive, Ogden & Latson, PO Box 201329, Austin, TX 78720

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2014	Designated Doctor Examination	\$150.00	\$0.00

#### 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 procedures for billing and reimbursing Designated Doctor Examinations.
3. 28 Texas Administrative Code §133.240 defines the required elements for an explanation of benefits.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
- P1 – Code is not explained as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - P12 – Code is not explained as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

**Issues**

1. What is the correct MAR for the disputed services?
2. Is the requestor entitled to additional reimbursement?

**Findings**

1. 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.  
  
Per 28 Texas Administrative Code §134.204 (j)(4), “The following applies for billing and reimbursement of an IR evaluation. (C)(ii) The MAR for musculoskeletal body areas shall be as follows. (I) **\$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.** (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area” [emphasis added]. The submitted documentation indicates that the Designated Doctor performed an evaluation of Impairment Rating for the right index finger, but did not do a full physical evaluation with range of motion. Therefore, the correct MAR for this examination is \$150.00.
2. The total recommended MAR for the disputed CPT Code 99456 W5 WP is \$500.00. The insurance carrier paid \$500.00. Therefore, the requestor is not entitled to an additional reimbursement.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
January 22, 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.**