



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

Randall J. Halbert, D.C.

Respondent Name

Service Lloyds Insurance Company

MFDR Tracking Number

M4-18-1508-01

Carrier's Austin Representative

Box Number 1

MFDR Date Received

January 23, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that this examination was performed as ordered by the Commissioner of Workers' Compensation under the Texas Labor Code and TDI-DWC rules and regulations pertaining to Designated Doctor Examinations."

Amount in Dispute: \$125.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The reduction of \$125.00 taken on the bill is the result of a PPO contract discount from Prime Health Services. Prime Health Services has confirmed that the provider is par in the PHS PPO network for the lesser of 75% billed charges, 95% state allowed, or 135% Medicare fee schedule."

Response Submitted by: Service Lloyds Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 20, 2017	Designated Doctor Examination	\$125.00	\$125.00

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.

Background

- 28 Texas Administrative Code §127.1 sets out the procedures for scheduling a designated doctor examination.
- 28 Texas Administrative Code §127.140 sets out the associations that disqualify a designated doctor from performing an examination in certain circumstances.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum

medical improvement and impairment rating.

5. Texas Labor Code §408.0041 sets out the requirements associated with designated doctor examinations.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
 - PP1 – Pricing applied via Prime Health Services.

Issues

1. Are the insurance carrier's reasons for reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Randall J. Halbert, D.C. is seeking additional reimbursement for a designated doctor examination performed on November 20, 2017. Service Lloyds Insurance Company (Service Lloyds) reduced the payment based on a network affiliation.

Insurance carriers are required to reimburse designated doctors based on relevant fee guidelines, unless the examination is otherwise prohibited.¹

Evidence submitted to the division indicates that the examination in dispute was a designated doctor examination as ordered by the division.² For this reason, Service Lloyds must show that a payment of the examination was prohibited.

The insurance carrier argued that "the provider is par in the PHS PPO network." The Request for Designated Doctor Examination (DWC032) indicated that a network contract applied to the injured worker.

The medical narrative submitted by Dr. Halbert stated, "There is no known disqualifying association as described in §127.140 of TDI-DWC rules and regulations ... between the designated doctor and ... the insurance carrier's certified carrier's certified workers' compensation health care network, or a network established under Chapter 504, Labor Code."

An insurance carrier has the right to notify the division of a disqualifying association based on network affiliation within five days of receiving the order for the examination.³ The insurance carrier did not provide documentation to indicate it had used this administrative remedy.

No evidence was submitted to support that Dr. Halbert was a member of the network that applied to the injured worker, which would have prohibited the examination in question.⁴ The division finds that the reduction of payment for the disputed examination is not sufficiently supported.

2. Per 28 Texas Administrative Code §134.250 (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 supports that Dr. Halbert performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Per 28 Texas Administrative Code §134.250 (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." The submitted documentation supports that Dr. Halbert performed an evaluation to determine the impairment rating of the lumbar spine using the DRE method found in the AMA Guides 4th edition. Therefore, the MAR for this examination is \$150.00.

¹ Texas Labor Code §408.0041(h)

² Texas Labor Code §408.0041(a)

³ 28 Texas Administrative Code §127.140(d)

⁴ 28 Texas Administrative Code §133.307(d)(2); 28 Texas Administrative Code §127.1(a)(6)

The total MAR for the disputed examination is \$500.00. Service Lloyds reimbursed \$375.00. An additional reimbursement of \$125.00 is recommended.

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 \$125.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$125.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	August 8, 2018
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 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 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 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.