



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-19-3250-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 25, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note from the attached proof of First Submission to the carrier that the carrier did receive the claim timely and in compliance with **Rule 133.20 (b)**..."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 11/30/18 received the bill from **AHMED A KHALIFA MD PA.**"

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 23, 2018	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$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.

Background

- 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-29 – The time limit for filing has expired.
 - 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.

- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 724 – No additional payment after a reconsideration of services.

Issues

1. Is the insurance carrier’s reason for denial of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking reimbursement for an examination to determine the injured employee’s maximum medical improvement date and permanent impairment performed on August 23, 2018. Texas Mutual Insurance Company denied the disputed services based on timely filing of the medical bill.

The health care provider is required to submit a medical bill within 95 days from the date of service.¹ Evidence submitted by Dr. Khalifa supports that the medical bill for the examination in question was submitted by fax on September 13, 2018. This date is less than 95 days from the date of service.

The DWC concludes that Texas Mutual Insurance Company’s denial based on timely filing is not supported.

2. The examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456.² Reimbursement is \$350.00 for this examination.³ The submitted documentation supports that Dr. Khalifa performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

The examining doctor is required to bill an examination to determine the impairment rating of an injury with CPT code 99456.⁴ Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.⁵ The submitted documentation supports that Dr. Khalifa provided an impairment rating, which included a musculoskeletal body part, performing a full physical evaluation with range of motion of the right ankle. Therefore, the MAR for this examination is \$300.00.

The total allowable reimbursement is \$650.00. This amount 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 \$650.00.

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 \$650.00, 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 27, 2019
Date

¹ 28 Texas Administrative Code §133.20(b)
² 28 Texas Administrative Codes §§134.250(3)(C) and 134.240(1)(B)
³ 28 Texas Administrative Code §134.250(3)(C)
⁴ 28 Texas Administrative Codes §§134.250(4)(A) and 134.240(1)(A)
⁵ 28 Texas Administrative Codes §§134.250(4)(C)(ii)(II)(-a-)

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.