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
Enas Pruitt, M.D.

Respondent Name
Service Lloyds Insurance Company

MFDR Tracking Number
M4-19-4569-01

Carrier's Austin Representative
Box Number 1

MFDR Date Received
June 20, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "**THE DOCTOR PERFORMING THE I/R RATED 4 SEPARATE AREAS. THAT IS BILLABLE AT $650.00 FOR THE FIRST AREA AND $150.00 FOR EACH ADDITIONAL AREA. ($650.00 + (3*$150.00))=$1100.00. THE AMOUNT INDICATED ON THE BILL.**"

Amount in Dispute: $150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider is indicating they billed four body areas. However, Per TDI the examining doctor may bill for a maximum of three musculoskeletal body areas (units)…"

Response Submitted by: AViDEL

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 28, 2019	Examination to Determine Maximum Medical Improvement and Impairment Rating	$150.00	$150.00
February 28, 2019	Examination to Determine Extent of Injury	$0.00	$0.00
	Total	$150.00	$150.00

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.
   - Notes: "Per TDI The examining doctor may bill for a maximum of three musculoskeletal body areas (units), which are defined as follows:
     - Spine and pelvis;
     - Upper extremities and hands; and
     - Lower extremities (including feet).

     Therefore this was paid in accordance with $350 IR, ROM $300 first, $150 second and $150 for third body area MAX."

Issues

Is Dr. Pruitt entitled to additional reimbursement for the services in question?

Findings

On February 28, 2019, Dr. Pruitt performed an examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury. Dr. Pruitt is not seeking additional reimbursement for the examination to determine the extent of the compensable injury. Therefore, this service will not be reviewed in this dispute. The insurance carrier reduced the reimbursement for the examination to determine maximum medical improvement and impairment rating, citing the fee schedule.

The submitted documentation supports that Dr. Pruitt performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.[1]

The MAR for the evaluation of a musculoskeletal body area performed with range of motion is $300.00.[2] The MAR for the evaluation of subsequent musculoskeletal body areas is $150.00.[3] The MAR for the evaluation of non-musculoskeletal body areas is $150.00.[4]

Documentation submitted to the DWC supports that Dr. Pruitt performed evaluations of impairment for the right knee, cervical spine, left shoulder, right shoulder, and a head injury.

Per the doctor's narrative, the impairment rating for the right knee included range of motion testing and was based on the application of Table 41. The cervical spine impairment rating included performance of range of motion testing and was categorized as DRE category I. The impairment rating for the left and right shoulders included performance of range of motion testing and was based on Figures 38, 41, 44, and Table 3, page 20. The impairment rating for the head injury was determined using Chapter 4 and 14.[5]

The DWC concludes that Dr. Khalifa is entitled to reimbursement as follows:

<table>
<tr><th>Examination</th><th>AMA Chapter</th><th>§134.250 Category</th><th>Reimbursement Amount</th></tr>
<tr><td>Maximum Medical Improvement</td><td></td><td></td><td>$350.00</td></tr>
<tr><td>IR: Left Shoulder (ROM)</td><td rowspan="4">Musculoskeletal System</td><td rowspan="2">Upper Extremities</td><td rowspan="2">$300.00</td></tr>
<tr><td>IR: Right Shoulder (ROM)</td></tr>
<tr><td>IR: Cervical Spine</td><td>Spine and Pelvis</td><td>$150.00</td></tr>
<tr><td>IR: Right Knee (ROM)</td><td>Lower Extremities</td><td>$150.00</td></tr>
<tr><td>IR: Brain Injury</td><td>Nervous System</td><td>Body Systems</td><td>$150.00</td></tr>
<tr><td>Total MMI</td><td colspan="2"></td><td>$350.00</td></tr>
<tr><td>Total IR</td><td colspan="2"></td><td>$750.00</td></tr>
<tr><td>Total Exam</td><td colspan="2"></td><td>$1,100.00</td></tr>
</table>

[1] 28 Texas Administrative Code §134.250(3)(C)
[2] 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-a-)
[3] 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-b-)
[4] 28 Texas Administrative Code §134.250(4)(D)(v)
[5] *AMA Guides to the Evaluation of Permanent Impairment*, 4th Edition

The total allowable for the dispute in question is $1,100.00. The insurance carrier reimbursed $950.00. An additional reimbursement of $150.00 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 $150.00.

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 $150.00, 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 14, 2019
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.