



# 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**

VALDEZ, DANIEL CONDE

**Respondent Name**

INDEMNITY INSURANCE CO OF NORTH AMERICA

**MFDR Tracking Number**

M4-21-0343-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

October 28, 2020

#### REQUESTOR'S POSITION SUMMARY

"Dr. Daniel Valdez evaluated [the injured employee] on 06-09-20 for an alternate certification and the reimbursement of \$50.00 for each DWC-69 was not paid by ESIS."

**Amount in Dispute:** \$100.00

#### RESPONDENT'S POSITION SUMMARY

"Upon receipt of the MDR request, the bill as sent for reconsideration. The review determined that the provider is not due additional money."

**Response Submitted by:** ESIS

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 9, 2020	Multiple Impairment Ratings (99456-MI)	\$100.00	\$0.00

#### 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 §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.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - Charge exceeds fee schedule allowance (222)
  - P12 – Workers compensation jurisdictional fee schedule adjustment
  - A technical Bill Review (TBR) has been performed.
  - This procedure on this date was previously reviewed (148)

- 18 – Duplicate claim/service

### Issues

Is Daniel C. Valdez, M.D. entitled to additional reimbursement?

### Findings

Dr. Valdez is seeking additional reimbursement for providing multiple impairment ratings as part of an examination to determine maximum medical improvement. When multiple impairment ratings are required as a component of a designated doctor examination, the designated doctor shall be reimbursed \$50 for each additional impairment rating calculation.<sup>1</sup>

Review of the documentation provided does not indicate that Dr. Valdez in question was acting as a designated doctor for this examination or that any impairment ratings were provided. Therefore, no additional reimbursement is recommended.

### Conclusion

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

### **ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____	_____	January 26, 2021
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 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.**

<sup>1</sup> 28 TAC §134.250(4)(B)