



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

JOHNSON, MICHAEL SCOTT

Respondent Name

SERVICE LLOYDS INSURANCE CO

MFDR Tracking Number

M4-21-1505-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

April 27, 2021

REQUESTOR'S POSITION SUMMARY

"Texas Labor Code §408.0041 requires insurance carrier to reimburse designated doctors for examinations ordered by the Commissioner of Workers' Compensation."

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

"The previous review is being maintained (Payment of \$0) and no additional allowance is recommended as per TAC Rule 134.240 for Designated Doctor and 134.250 for MMI Evaluations and IR exam. Only one WP reimbursed for 99456 per Exam, because multiple Exam of W5-WP can't be reimbursed at the same visit."

Response Submitted by: Mitchell International, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 24, 2021	Designated Doctor Examination (99456-W5-WP)	\$500.00	\$450.00

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:
 - 308 – MMI/IR procedure code 99456 is permitted only once on the same date of service
 - 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.

Issues

1. Is the examination in question subject to dismissal based on medical necessity?
2. Is Michael S. Johnson, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Johnson is seeking additional reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) ordered by the DWC. Service Lloyds Insurance Company denied payment based, in part, on medical necessity.

The insurance carrier is required to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule.¹ The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited. The DWC finds that the examination in question is not subject to dismissal based on medical necessity.

2. The submitted documentation supports that Dr. Johnson performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.²

Review of the submitted documentation finds that Dr. Johnson performed impairment rating evaluations of left shoulder with range of motion testing, and the lumbar spine based on the DRE method. The MAR for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.³ The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.⁴ The total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the examination in question is \$800.00. The insurance carrier paid \$350.00. An additional reimbursement of \$450.00 is recommended.

Conclusion

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$450.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$450.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 9, 2021 Date
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¹ TLC §408.0041 (h)
² 28 TAC §134.250(3)(C)
³ 28 TAC §134.250(4)(C)(ii)(II)(-a-)
⁴ 28 TAC §134.250(4)(C)(ii)(I)

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.