



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Leonard, M.D.

Respondent Name

Arch Insurance Company

MFDR Tracking Number

M4-21-2021-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2020	Designated Doctor Examination (99456-W6-RE)	\$200.00	\$200.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$200.00

Respondent's Position

"... he billed a total of \$550.00 whereas an extent of injury exam entitles the provider to up to 100% under Division Rule 134.235. See Division Rule 134.240(2). The amount allowed under Division Rule 134.235 is \$500.00 if that is the first exam."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules

of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking additional reimbursement for a designated doctor examination to determine the extent of the compensable injury.

The submitted documentation indicates that Dr. Leonard performed an examination to determine the extent of a compensable injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the examination in question is \$500.00. Per explanation of benefits dated January 8, 2021, Arch Insurance Co. paid \$125.00 for the examination in question. Dr. Leonard is seeking reimbursement of \$200.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$200.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Arch Insurance Co. must remit to Michael Leonard, M.D. \$200.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 21, 2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.