

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Anthony Owusu, M.D.

**Respondent Name**

Dallas Area Rapid Transit

**MFDR Tracking Number**

M4-21-2312-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

August 16, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 19, 2020	Designated Doctor Examination (99456-W6-RE)	\$375.00	\$375.00
October 19, 2020	Specialist Report (99456-SP)	\$0.00	\$0.00
	Total	\$375.00	\$375.00

### Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

**Amount in Dispute:** \$375.00

### Respondent's Position

The Austin carrier representative for Dallas Area Rapid Transit is Hoffman Kelly, LLP. The representative was notified of this medical fee dispute on [Date].

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 the compensable injury.

### Denial Reasons

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

- P12 – Worker's compensation jurisdictional fee schedule adjustment.

### Issues

1. Is Anthony Owusu, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Owusu is seeking additional information for a designated doctor examination to determine the extent of the compensable injury. Dr. Owusu is not requesting additional reimbursement for CPT code 99456-SP, so this code will not be reviewed.

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

The insurance carrier paid \$125.00. An additional reimbursement of \$375.00 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 requestor has established that additional reimbursement of \$375.00 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 Dallas Area Rapid Transit must remit to Anthony Owusu, M.D. \$375.00 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

\_\_\_\_\_  
November 3, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).