



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Louden, Keith Ward

Respondent Name

Prescient National Insurance Co

MFDR Tracking Number

M4-21-2357-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 18, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2021	99456 W6 RE	\$500.00	\$500.00
March 2, 2021	95851	\$56.26	\$56.26
Total		\$556.26	\$556.26

Requestor's Position

An original bill and a reconsideration were submitted. The current rules allow reimbursement.

Amount in Dispute: \$556.26

Respondent's Position

The Austin carrier representative for Prescient National Insurance Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on August 24, 2021.

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 §134.210 sets out the medical fee guideline for Workers' Compensation Specific Services.
3. 28 TAC §134.235 sets out the reimbursement of RTW/EMC division or insurance carrier requested examinations.
4. 28 TAC §134.203 sets out the medical fee guideline for professional services.

Denial Reasons

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

- ARE – This bill is a re-evaluation. Please look up prior bill to review provider discrepancies.
- AVV – Services rendered denied as non-covered by Prescient National Insurance Services Workers' Compensation.
- CDB – Claim denied by Worker's Compensation. Please bill patient's group health insurance.

Issues

1. Is the insurance carrier's denial based on non-coverage supported?
2. What rule(s) are applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement of a disability examination and testing rendered on March 2, 2021. The insurance carrier denied the services based on non-coverage. Texas Labor Code §408.0041 (h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited. Review of the submitted documentation found insufficient evidence to support the insurance carrier's denial for non-coverage. The service in dispute will be reviewed per applicable fee guidelines.
2. The rules at 28 TAC §134.210 and 28 TAC §134.240 explain that an examination by a required

medical doctor to determine the extent of a compensable injury, represented by CPT code 99456 with modifiers "W6" and "RE," are division-specific service(s) not subject to Medicare billing rules.

28 TAC §134.235 requires that the testing be billed using the appropriate CPT codes and reimbursed in addition to the examination fee. The examination fee shall be reimbursed in the amount of \$500. This amount is recommended.

Documentation submitted to DWC supports that Dr. Keith Louden performed examination of the lower extremities. Range of motion testing, represented by CPT code 95851, was billed at two units. Therefore, Dr. Louden is entitled to reimbursement of this service at two units

DWC Rule 28 TAC §134.203 (b) and (c), states in pertinent parts reimbursement for the services in question are based on Medicare policies using the conversion factor determined by DWC for the appropriate year. The conversion factor for 2021 is \$34.8931. The Medicare allowable for 95851 is \$23.44. The MAR is calculated as DWC Conversion Factor/Medicare Conversion Factor multiplied by the Medicare allowable multiplied by number of units or $61.17/34.8931 \times \$23.44 \times 2 = \82.18 .

The MAR for disputed service is \$582.18. The requestor is seeking \$556.26. 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 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 Prescient National Insurance Co must remit to Dr. Keith Ward Louden \$556.26 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 19, 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.