



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Benjamin Meshack, D.C.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-21-2449-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

August 27, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2021	Designated Doctor Examination (99456-W5-WP)	\$150.00	\$0.00

Requestor's Position

"THE DD GAVE AN IMPAIRMENT RATING TO THE ANKLE RANGEL OF MOTION AND THE LEFT FEMORAL NERVE WHICH IS CONSIDERED 2 SEPARATE BODY AREAS TO BILL FOR."

Amount in Dispute: \$150.00

Respondent's Position

"While the Claimant had two different compensable diagnoses, the diagnoses both involved the same body area, the left lower extremity. Therefore, Requestor only had to examine one body area, yielding a total reimbursement of \$650.00 for the examination."

Response Submitted by: Downs-Stanford, P.C.

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the services was rendered.

Issues

1. Is Benjamin Meshack, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Meshack is seeking an additional reimbursement of \$150.00 for a designated doctor examination performed April 14, 2021.

The submitted documentation supports that Dr. Meshack performed an evaluation of maximum medical improvement. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Meshack performed impairment rating evaluations of traumatic compartment syndrome of the left lower extremity with hematoma and intrasubstance muscle tear of the left gastrocnemius with range of motion testing.

As noted on page 12 of the examination narrative, Dr. Meshack based the impairment findings on Table 42, page 78 and Table 68, page 89 of the AMA Guides, 4th edition. These tables are found in Chapter 3 addressing musculoskeletal systems, Subsection 2, which addresses lower extremities. DWC did not find documentation of impairment ratings for other body areas.

The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated May 13, 2021, the insurance carrier paid this amount. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 7, 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.