



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Cody D. Mead, D.O.

Respondent Name

Sompo America Insurance Company

MFDR Tracking Number

M4-22-0513-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 10, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 15, 2020	Required Medical Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$500.00	\$500.00
December 15, 2020	Required Medical Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$300.00	\$300.00
December 15, 2020	Required Medical Examination to Determine Extent of the Compensable Injury 99456-RE	\$500.00	\$500.00
December 15, 2020	Multiple Impairments 99456-MI	\$150.00	\$0.00
Total		\$1,450.00	\$1,300.00

Requestor's Position

Dr. Mead was asked to address **Maximum Medical Improvement and Impairment Rating and Extent of compensable injury**. Dr. Mead addressed 1 body area using Diagnosis Related Estimates (DRE) and 1 body area using Range of Motion (ROM). Three (3) additional Impairment

Ratings were completed (Carrier Accepted, Carrier Accepted plus Disputed, Dr Mead's Opine, DD Opine). Medical Equation was not paid for this exam citing past filing deadline. However, proof of timely filing was sent.

Amount in Dispute: \$1,450.00

Respondent's Position

The Austin carrier representative for Sompco America Insurance Company is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 16, 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 Texas Administrative Code §133.20 sets out the procedures for submission of medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of the compensable injury.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is Somo America Insurance Company's denial based on previous payment or denial supported?
2. Is Somo America Insurance Company's denial based on timely filing supported?
3. Is Cody D. Mead, D.O. entitled to additional reimbursement?

Findings

1. Dr. Mead is seeking reimbursement for a requirement medical examination performed on December 15, 2020 as requested by Somo America Insurance Company and ordered by DWC. The examination was ordered to determine maximum medical improvement, impairment rating, and extent of the compensable injury.

Per explanation of benefits dated August 17, 2021, Somo America Insurance Company denied the disputed services stating, "A payment or denial has already been recommended for this service."

No evidence was present to DWC to support that a previous payment or denial was submitted to Dr. Mead.

2. Neither the health care provider nor the insurance carrier submitted explanations of benefits to support any other denial reasons. However, Dr. Mead noted in a submitted email to Gallagher Bassett that the insurance carrier had advised of a rejection due to timely filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

DWC reviewed the documentation submitted relating to the dispute in question and concludes that the greater weight of evidence supports that a bill for the services in question was submitted to the insurance carrier on or about January 6, 2021. This date is less than 95 days from the date of service.

DWC concludes that a denial of payment based on timely filing is not supported.

3. Because the insurance carrier did not support a denial of payment for the services in question, Dr. Mead is entitled to reimbursement.

The submitted documentation supports that Dr. Mead performed an evaluation of maximum medical improvement as ordered by DWC. 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. Mead performed impairment rating evaluations of the spine and lower extremity with range of motion testing. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent

musculoskeletal body areas is \$150.00 each. The total MAR for the determination of impairment rating is \$450.00.

The submitted documentation indicates that Dr. Mead 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.

Dr. Mead is seeking reimbursement for the calculation of an additional impairment rating given as part of an examination performed at the request of the insurance carrier. 28 TAC §180.22 (h) reserves reimbursement for multiple impairment ratings performed as part of a **designated doctor** examination.

The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination. Therefore, no reimbursement can be recommended.

The total allowable reimbursement for the examination in question is \$1,300.00. 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 \$1,300.00 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 Sompco America Insurance Company must remit to Cody D. Mead, D.O. \$1,300.00 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

February 18, 2022

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.