

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Joe Wiggins, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-22-0648-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 2, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 15, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
	Designated Doctor Examination 99456-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$250.00
Total		\$1,450.00	\$250.00

Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$1,450.00

Respondent's Position

Review of the claim file confirms a PLN 3 was issued. No further action due to agreement with a previous DD exam that was completed 11/19/2020. No further evidence on file confirms that the DD exam by Joe Wiggins was requested by the carrier or DWC.

A DWC32 on file is signed and dated 10/13/2020, appears to have been received by TDI/DWC 8/9/2021. However, DWC32 was for DD exam date 11/19/2020.

Response Submitted by: Texas Mutual Insurance Company

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 if disability is related to the compensable injury.
3. Texas Labor Code §408.0041 sets out the authority of the DWC to order designated doctor examinations.

Denial Reasons

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

- Notes: "892/225-DD EXAM RESULTS PREVIOUSLY DONE WAS ACCEPTED."
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.

Issues

1. Is Texas Mutual Insurance Company's denial supported?
2. Is Joe Wiggins, D.C. entitled to additional reimbursement?

Findings

1. Dr. Wiggins is seeking reimbursement for a designated doctor examination performed on September 15, 2021, that included determination of maximum medical improvement, multiple impairment ratings, extent of the compensable injury, and the determination of disability.

Texas Mutual Insurance Company denied the services stating, "DD EXAM RESULTS PREVIOUSLY DONE WAS ACCEPTED." In its position statement, the insurance carrier argued that "No further evidence on file confirms that the DD exam by Joe Wiggins was requested by the carrier or DWC."

Review of the available documentation indicates that Dr. Wiggins was ordered to "determine if the reason [the injured employee] can't work and earn pay is due to [the injured employee's] injury." No evidence was found to support that Dr. Wiggins was ordered to perform determinations of maximum medical improvement, impairment rating, or the extent of the compensable injury.

The insurance carrier is required by TLC §408.0041 to reimburse the designated doctor for examinations ordered by DWC. However, the insurance carrier is under no obligation to pay the designated doctor for opinions provided without an order by DWC.

DWC concludes that Texas Mutual Insurance Company's denial of payment for examinations to determine maximum medical improvement, impairment rating, and the extent of the compensable injury was supported. The insurance company's denial of the examination to determine if the injured employee's disability is related to the compensable injury was not supported.

2. Because Texas Mutual Insurance Company failed to support its denial of the examination related to disability billed with code 99456 W7 RE, Dr. Wiggins is entitled to payment for this service.

According to 28 TAC §134.235, the maximum allowable reimbursement(MAR) for this examination is \$500.00. Dr. Wiggins billed \$250.00 for the disputed services is seeking \$250.00 per the disputed amount in from the form 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 \$250.00 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 Texas Mutual Insurance Company must remit to Joe Wiggins, D.C. \$250.00 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

April 14, 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.