



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Andrew R. Garcia, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-22-1203-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 21, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2021	Designated Doctor Examination 99456-W5-WP-MI	\$50.00	\$0.00

### Requestor's Position

Dr. Garcia received partial reimbursement in the amount of \$650.00 on the total bill of \$700.00. The \$50.00 charge for multiple impairment ratings/certifications was denied.

**Amount in Dispute:** \$50.00

### Respondent's Position

The provider was appointed on the issues of maximum medical improvement (MMI) and impairment rating. He billed \$350.00 for the MMI portion of the exam and \$300.00 for the impairment rating portion of the exam. He was entitled to \$650.00 and has been paid that amount. However, the provider is requesting an additional \$50.00 on the basis of doing a second or multiple certification of MMI and the impairment rating. However, he was not appointed on the issue of extent of injury. Thus, he should have provided only one DWC-69 certification of MMI and impairment rating. He was not asked to provide multiple certifications of MMI and, in fact, since he was only appointed on the issues of MMI and impairment rating, he was supposed

to issue only one DWC-69. Thus, his request for reimbursement of an additional \$50.00 for doing a second DWC-69 is inconsistent with the chapter 127 rules.

**Response Submitted by:** Flahive, Ogden & Latson

## **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 §127.10 provides the guidelines for designated doctor examinations.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1002 – Due to an error in processing the original bill, we are recommending further payment be made for the above noted procedure.
- 1125 – This reconsideration reflects corrected procedure codes.
- 2008 – Additional payment made on appeal/reconsideration.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Is Andrew R. Garcia, D.C. entitled to additional reimbursement for the examination in question?

Findings

- 1. Dr. Garcia is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating with multiple impairments.

The submitted documentation supports that Dr. Garcia 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. Garcia performed impairment rating evaluations of the right ankle 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.

Per 28 TAC §127.10(d), if a designated doctor is asked to address MMI or impairment rating **and** the extent of the compensable injury in a single examination, the designated doctor must provide multiple certifications of MMI and impairment ratings that take into account each reasonable outcome for the extent of the injury. When multiple impairment ratings are **required** as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

Because Dr. Garcia was not appointed to determine the extent of the compensable injury, multiple impairments were not required for the examination in question. Therefore, no reimbursement for this service is recommended.

The total allowable reimbursement for the examination in question is \$650.00. This amount was paid by the insurance carrier. 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

March 28, 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](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).