TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Ryan Roeder, D.C.

Respondent Name
Arch Indemnity Insurance Co.

MFDR Tracking Number
M4-22-1563-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 27, 2021	Designated Doctor Examination 99456-W5-WP	$150.00	$150.00

Requestor's Position

Original statement: "We have submitted multiple collection requests and have not received partial or full payment. Per our records, the bill was submitted to the insurance carrier on: December 10, 2021 As of today, we have not received an Explanation of Benefits from the carrier."

Subsequent statement: "We have received partial payment for this claim. Gallagher Bassett has paid a total of $1,225. Per the EOB, they did not pay $150 for the impairment rating assigned …"

Amount in Dispute: $150.00

Respondent's Position

Initial Response: "Our office Gallagher Bassett did not received this bill from United Medical Exams. The claimant … file was previously handled by another TPA Esis. The TPA Esis do not forward the bill to our office so it could be paid by Gallagher Bassett … Supplemental response will be provided once the bill auditing company has finalized their review."

Subsequent response: "The bill in question was escalated and the review has been finalized. Our bill audit company has determined additional monies are owed in the amount of $1225.00 plus $27.39 interest owed. Attached is a copy of EOB and payment summaries for your records."

Response Submitted by: Gallagher Bassett Services, Inc.

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 §133.307 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

No explanations of benefits issued before the medical fee dispute resolution request were provided to DWC. In response to the medical fee dispute resolution request, the insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdiction fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204 (j) for attainment of maximum medical improvement. An additional allowance is payable.

Issues

1. Is Ryan Roeder, D.C. entitled to additional reimbursement?

Findings

1. Dr. Roeder is seeking additional reimbursement for a designated doctor examination performed on August 27, 2021. The examination included findings of maximum medical improvement, impairment rating, extent of the compensable injury, disability, and ability to return to work. Dr. Roeder argued that no explanations or payment had been received.

   After the request for medical fee dispute resolution was filed, the insurance carrier reviewed the billing and paid all charges in full except the examination to determine maximum medical improvement and impairment rating. This examination is considered in this dispute.

   The submitted documentation supports that Dr. Roeder 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. Roeder performed impairment rating evaluations of lumbar spine 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 total allowable reimbursement for the examination in question is $650.00. The insurance carrier paid $350.00. Dr. Roeder is seeking an additional reimbursement of $150.00. 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 $150.00 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 Arch Indemnity Insurance Co. must remit to Ryan Roeder, D.C. $150.00 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	June 29, 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 electronico CompConnection@tdi.texas.gov.