



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Linda Gregory, D.O.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-22-1653-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 4, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 16, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Multiple Impairment Ratings 99456-W5-MI	\$100.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$250.00
	Designated Doctor Examination 99456-W8-RE	\$125.00	\$125.00
Total		\$1,625.00	\$1,525.00

Requestor's Position

THIS IS A TEXAS DESIGNATED DOCTOR EXAM – YOUR DENIAL IS INVALID

Amount in Dispute: \$1,625.00

Respondent's Position

Carrier requests the Division review Requestor's claim under its general obligations to adjudicate disputes in accordance with relevant statutory provisions [including, but not limited to Texas

Labor Code §§ 413.011 and 413.031(c)], and commissioner rules [including, but not limited to 28 TAC §§134.1, 134.202, 134.302, 134.303, 134.401 and 134.500 series], including applicable CMS payment policies.

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 §130.1 sets out the guidelines for certification of maximum medical improvement and impairment rating.
2. 28 TAC §33.307 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, disability, and ability to return to work.
4. 28 TAC §134.240 sets out fee guidelines for designated doctor examinations.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
6. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.

Denial Reasons

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

- Notes: "Services not provided or authorized by designated (network/primary care) providers."
- GN08 – The prescribing physician is not the primary treating physician of record for this injury. There is no documentation from the prescribing physician to support these charges as industrially related to the above captioned injury.

Issues

1. Is Safety National Casualty Corp.'s denial based on authorization supported?
2. Is Linda Gregory, D.O. entitled to reimbursement for the services in question?

Findings

1. Dr. Gregory is seeking reimbursement for a designated doctor examination performed on October 16, 2021. The insurance carrier denied payment based on lack of authorization by a network or treating doctor.

Texas Labor Code §408.0041 (a) states that the commissioner may order a medical examination to resolve any question about:

- Impairment caused by the compensable injury,
- The attainment of maximum medical improvement,
- The extent of the compensable injury,
- Whether the injured employee's disability is a direct result of the work-related injury,
- The ability of the employee to return to work, or
- Other similar issues.

Per 28 TAC §130.1 (a)(1)(A)(ii), a designated doctor is authorized to perform an examination to determine maximum medical improvement and impairment rating. Available documentation confirms that the examination in question was ordered by DWC. This denial reason is not supported.

2. Because Safety National Casualty Corp. failed to support its denial of payment, DWC finds that Dr. Gregory is entitled to reimbursement for the services in question.

The submitted documentation supports that Dr. Gregory 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. Gregory performed impairment rating evaluations of the upper extremities 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 submitted documentation indicates that Dr. Gregory was asked to address maximum medical improvement, impairment rating, and extent of 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. Documentation indicates that Dr. Gregory only provided one impairment rating. No reimbursement is recommended for this service.

The submitted documentation indicates that Dr. Gregory performed examinations to determine the extent of the compensable injury, whether disability was related to the injury, and the ability of the injured employee to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240 (2).

Not including maximum medical improvement and impairment rating, when multiple

examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. Additional examinations are reimbursed at 25%.

For this dispute, the MAR for the examination to determine the extent of the compensable injury is \$500.00. The examination to determine whether disability was related to the injury is \$250.00. The examination to determine the ability of the injured employee to return to work is \$125.00.

The total MAR for the services in question is \$1,525.00. 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 \$1,525.00 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 Safety National Casualty Corp. must remit to Linda Gregory, D.O. \$1,525.00 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 electrónico CompConnection@tdi.texas.gov.