

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Juan Quiroz, M.D.

**Respondent Name**

Bitco National Insurance

**MFDR Tracking Number**

M4-22-1659-01

**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 |
|-------------------|--|-------------------|------------|
| December 15, 2021 | Designated Doctor Examination<br>99456-W5-WP | \$150.00          | \$150.00   |

### Requestor's Position

99456 W5 WP MMI = \$350.00

IR – ELBOW = \$300.00

IR – LACERATION = \$150.00

TTL = \$800.00

**Amount in Dispute:** \$150.00

### Respondent's Position

It is the Carrier's position that the Provider was entitled to reimbursement of \$650 and that he is not entitled to any additional reimbursement. The Provider rated the body area of the right upper extremity, specifically a Right Elbow Laceration, Ulnar Compression Neuropathy of the right elbow, Median Neuropathy Carpal Tunnel Syndrome of the right wrist and Right Elbow Contusion. All of these diagnosed conditions are of the same body area, the right upper extremity.

## **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 §134.250 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 State Fee Schedule Adj
- Notes: "MMI/DD/ROM/1 BODY AREA – RIGHT UPPER EXTREMITY IS ONE UNIT
- Notes: "Per rule 134.250 (4)(C)(i); Musculoskeletal body areas are defined as follows: (I) spine and pelvis; (II) upper extremities and hands; and (III) lower extremities (including feet). RIGHT ARM – HAND TO SHOULDER IS ONE UPPER EXTREMITY."

### Issues

1. Is Juan Quiroz, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Quiroz is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Quiroz 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. Quiroz performed impairment rating evaluations of the right upper extremity with range of motion testing, using Chapter 3.1 of the AMA Guides and a right elbow laceration, using Chapter 13 of the AMA Guides. 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 rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00

each. The total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the services in question is \$800.00 The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 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 Bitco National Insurance must remit to Juan Quiroz, M.D. \$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

\_\_\_\_\_  
May 20, 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).

