



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

John Sklar, M.D.

**Respondent Name**

United Wisconsin Insurance Co.

**MFDR Tracking Number**

M4-22-1665-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

April 4, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 21, 2021	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$150.00

### Respondent's Position

The Austin carrier representative for United Wisconsin Insurance Co. is Stone Loughlin & Swanson, LLP. The representative was notified of this medical fee dispute on April 12, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

### 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

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

- 790-1
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Additional payment made on appeal/reconsideration.
- B13-1 – Re-evaluated; no additional payment is recommended.
- W3 – The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day.

## Issues

1. Is John Sklar, M.D. entitled to additional reimbursement for the examination in question?

## Findings

1. Dr. Sklar is seeking additional reimbursement for a designated doctor examination performed on October 21, 2021.

The submitted documentation supports that Dr. Sklar 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. Sklar performed impairment rating evaluations of the right knee with range of motion testing, ribs, head, and face abrasion. 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 \$750.00 as follows:

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Right Knee (ROM)	Musculoskeletal System	Lower Extremities	\$300.00
IR: Head Injury	Nervous System	Body Systems	\$150.00
IR: Ribs	Respiratory System	Body Systems	\$150.00
IR: Face Abrasion	Skin	Body Structures	\$150.00
<b>Total MMI</b>			<b>\$350.00</b>
<b>Total IR</b>			<b>\$750.00</b>
<b>Total Exam</b>			<b>\$1,100.00</b>

The total allowable reimbursement for the examination in question is \$1,100.00. The insurance carrier paid \$950.00. 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 requestor 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 United Wisconsin Insurance Co. must remit to John Sklar, 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

July 13, 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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).