

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Roger Clifford, D.C.

**Respondent Name**

Sunz Insurance Co.

**MFDR Tracking Number**

M4-22-1670-01

**Carrier's Austin Representative**

Box Number 20

**DWC Date Received**

April 4, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 22, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00

### Requestor's Position

PROVIDERS CERTIFICATION IS UP TO DATE – YOUR DENIAL IS INVALID

**Amount in Dispute:** \$650.00

### Respondent's Position

The Austin carrier representative for Sunz Insurance Co. is Stephen J. Baukhaus. 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 §130.1 sets out the requirements for certification of maximum medical improvement.
2. 28 TAC §130.2 sets out the requirements for certification of maximum medical improvement by a treating doctor.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.203 sets out the fee guidelines for professional services.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement.
6. Texas Labor Code §408.0041 sets out the requirements for a designated doctor examination.

## Denial Reasons

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

- 304 – MMI or IR certification is not valid for this date of service
- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

## Issues

1. Is Sunz Insurance Co.'s denial based on the requestor's eligibility to perform the examination in question supported?
2. Is Roger Clifford, D.C. entitled to reimbursement for the examination in question?

## Findings

1. Dr. Clifford is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on October 22, 2021. The insurance carrier denied payment stating, "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

Per TLC §408.0041(a) a designated doctor examination is ordered by the commissioner of DWC to address certain issues as requested by the insurance carrier or an employee, or on the commissioner's own order. Available documentation indicates that the insurance carrier

requested this designated doctor examination to determine MMI and IR.

According to 28 TAC §130.1(a)(1), only an authorized doctor may certify MMI. Subsection (A)(ii) gives the designated doctor authorization to perform these examinations. 28 TAC §130.1(a)(1)(B) indicates that only a doctor that has been certified by DWC to assign IR or otherwise given specific permission to do so can be authorized to determine whether an injured employee has permanent impairment, assign an IR, and certify MMI.

Available documentation supports that Dr. Clifford was certified to perform MMI and IR examinations and was ordered by DWC to act as designated doctor for an examination requested by the insurance carrier. DWC finds that the insurance carrier's denial for this reason is not supported.

2. Because Sunz Insurance Co. failed to support its denial of payment for the examination in question, Dr. Clifford is entitled to reimbursement.

The submitted documentation supports that Dr. Clifford performed an evaluation of MMI 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. Clifford performed an IR evaluation of the cervical 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. 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 \$650.00 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 Sunz Insurance Co. must remit to Roger Clifford, D.C. \$650.00 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

September 1, 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).