



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Leonard Lopez, D.C.

Respondent Name

National Union Fire Ins. Co. of Pittsburgh, PA

MFDR Tracking Number

M4-22-1862-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 10, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$300.00
	Designated Doctor Examination 99456-W5-MI	\$100.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$125.00	\$0.00
Total		\$1,625.00	\$300.00

Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT.

Supplemental Position Statement: Seems that the Carrier/Carriers Representative is stating that we billed \$1,625 and they paid \$1,325, which we have received. However, that would leave a balance of \$300. The MMI/IR (Certification 1) included ROBM and a IR percentage. The invoice for the 99456 W5 WP should have been reimbursed for \$650, not the \$350 previously paid.

Amount in Dispute: \$1,625.00

Respondent's Position

The provider billed \$1,625.00 ... A check was issued on May 12, 2022 in the amount of \$1,325.00. The carrier is investigating this further. However, it is the Carrier's position that Provider is not entitled to additional reimbursement.

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 §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

Per explanation of benefits dated May 11, 2022, submitted with the insurance carrier's response, the insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 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 if a determination of the impairment caused by the compensable injury was also performed.

Issues

1. Is Leonard Lopez, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Lopez is seeking additional reimbursement for a designated doctor examination performed on November 10, 2021.

Per explanation of benefits date May 11, 2022, the insurance carrier reimbursed all charges in full except the charge for maximum medical improvement and impairment rating, billed with

procedure code 99456-W5-WP. In response to this payment, Dr. Lopez altered his request for dispute resolution to the remaining \$300.00. This portion of the examination will be reviewed in this dispute.

The submitted documentation supports that Dr. Lopez 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. Lopez performed impairment rating evaluations of left knee and right shoulder 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. Dr. Lopez billed and is seeking reimbursement for one body area. Therefore, the MAR for determination of the impairment rating is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. The insurance carrier paid \$350.00. An additional reimbursement of \$300.00 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 \$300.00 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 National Union Fire Ins. Co. of Pittsburgh, PA must remit to Leonard Lopez, D.C. \$300.00 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 15, 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.