



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Keith Louden, M.D.

Respondent Name

PA Manufacturers Assn. Ins. Co.

MFDR Tracking Number

M4-22-1925-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 4, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 16, 2021	Designated Doctor Examination 99456-W5-WP	\$800.00	\$800.00

Requestor's Position

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

Amount in Dispute: \$800.00

Respondent's Position

The Austin carrier representative for PA Manufacturers Assn. Ins. Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on May 10, 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 procedures for certification of maximum medical improvement and impairment rating.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. 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:

- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Issues

1. Is PA Manufacturers Assn. Ins. Co.'s denial based on certification or eligibility supported?
2. Is Keith Louden, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Louden is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. PA Manufacturers Assn. Ins. Co. denied payment, stating, "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

According to 28 TAC §130.1(1)(B), a doctor must be certified by DWC to assign an impairment rating.

Based on available documentation, Dr. Louden has been certified to perform examinations to determine maximum medical improvement and impairment rating from September 20, 2021, through September 20, 2023. The date of service for the examination in question is December 16, 2021. Therefore, the doctor was properly certified at the time of service.

28 TAC §130.1(1)(A) states that a designated doctor is authorized to perform an examination to determine maximum medical improvement and impairment rating.

Dr. Louden has been certified as a designated doctor for the same period. Available documentation indicates that Dr. Louden was authorized to perform the examination in question by order of the commissioner of DWC under the authority of TLC §408.0041(a).

Based on the evidence available to DWC at the time of this review, the insurance carrier's denial of payment is not supported.

2. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Louden is entitled to reimbursement.

The submitted documentation supports that Dr. Louden 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. Louden performed impairment rating evaluations of the right shoulder with range of motion testing and the head. 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 examination in question is \$800.00. 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 requestor has established that additional reimbursement of \$800.00 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 PA Manufacturers Assn. Ins. Co. must remit to Keith Louden, M.D. \$800.00 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. 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.