



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Richard Channing, D.C.

Respondent Name

Arch Indemnity Insurance Co.

MFDR Tracking Number

M4-22-2065-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 2, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Designated Doctor Examination 99456-RE-W8	\$500.00	\$500.00
Total		\$1,150.00	\$1,150.00

Requestor's Position

I have called the adjustor, ... and emailed her for payment and was told that the claim was denied due to not having enough funds in the account and that she would ok for payment and I was asked to email her the claim with supporting documentation. I resubmitted the claim on 03/11/2022, via email to the adjustor. I have received a second Eob stating that the claim was denied based on being a duplicate claim, and previously paid.

Amount in Dispute: \$1,150.00

Respondent's Position

Ourt initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed.

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 §134.235 sets out the fee guidelines for examinations to determine the ability to return to work.
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 designated doctor examinations.

Denial Reasons

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

- 216 – Based on the findings of the review organization.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is Arch Indemnity Insurance Co.'s denial based on retrospective review supported?
2. Is Richard Channing, D.C. entitled to additional reimbursement?

Findings

1. Dr. Channing is seeking reimbursement for a designated doctor examination performed on December 2, 2021. Arch Indemnity Insurance Co. denied payment based on retrospective review.

Available evidence supports that the designated doctor examination in question was ordered by DWC. Texas Labor Code §408.0041 (h) requires the insurance carrier to pay for a designated doctor examination unless prohibited in statute, rule, or order of the commissioner. DWC concludes that this examination was not prohibited. Therefore, the insurance carrier's denial is not supported.

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

The submitted documentation supports that Dr. Channing 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. Channing performed impairment rating evaluations of the left 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.

The submitted documentation indicates that Dr. Channing performed an examination to determine the injured employee's ability to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the examination in question is \$1,150.00. 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 \$1,150.00 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 Arch Indemnity Insurance Co. must remit to Richard Channing, D.C. \$1,150.00 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. 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.