

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

William Lawson, D.C.

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-22-2236-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 30, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W8-RE	\$250.00	\$250.00
	Designated Doctor Examination 99456-W7-RE	\$125.00	\$125.00
	Multiple Impairment Rating Calculations 99456-MI	\$100.00	\$50.00
Total		\$1,625.00	\$1,575.00

Requestor's Position

I performed a designated doctor examination on the above noted patient on 03/30/22. I was asked to determine Extent of Injury, MMI, IR, Disability and Return to Work status. The carrier denied the billing on the original billing and again with requesting reconsideration.

Amount in Dispute: \$1,625.00

Respondent's Position

Our 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.

Response Submitted by: Gallagher Bassett Services

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 §134.234 sets out the fee guidelines for examinations to determine extent of injury, disability, and return to work.
3. 28 TAC §134.240 sets out the fee guidelines for designated doctor examinations.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
5. 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:

- 219 – Based on extent of injury.
- Notes: "pln 11 and peer review on file"
- 90563/193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or car
- 5920 – Fee Schedule manually priced at billed charge.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 90202/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 this dispute subject to dismissal based on extent of injury?
2. Is William Lawson, D.C. entitled to additional reimbursement?

Findings

1. Dr. Lawson is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating ordered by DWC. Indemnity Insurance Company of North America denied payment based on the extent of the compensable injury.

TLC §408.0041(h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited.

DWC finds that the examination in question is not subject to dismissal based on the extent of the compensable injury.

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

The submitted documentation supports that Dr. Lawson 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. Lawson performed impairment rating evaluations of the left wrist 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. Lawson was ordered to address maximum medical improvement, impairment rating, and extent of injury. The narrative report and enclosed forms support that these evaluations were performed, and one additional impairment rating was provided. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250(4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation. Therefore, the correct MAR for this service is \$50.00.

The submitted documentation indicates that Dr. Lawson performed examinations to determine the extent of the compensable injury, disability, and ability to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240(2).

Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. Additional examinations are reimbursed at

25%.

For this dispute, the MAR for the examination to determine extent of injury is \$500.00. The examination to determine return to work is \$250.00. The examination to determine disability is \$125.00.

The total allowable reimbursement for the examination in question is \$1,575.00. 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 \$1,575.00 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 Indemnity Insurance Company of North America must remit to William Lawson, D.C. \$1,575.00 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 23, 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.