



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Edward W. Smith, D.O.

Respondent Name

Service Lloyds Insurance Co.

MFDR Tracking Number

M4-22-2257-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

June 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 25, 2022	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
Total		\$300.00	\$0.00

Requestor's Position

Three body areas were rated for this examination. Range of motion measurements were required in this case.

Subsequent Position Statement: The carrier only paid \$150 of the \$300 balance ... \$150 is still unpaid. I immediately left a message with the carrier claim representative ... I have not received any response from the carrier.

Amount in Dispute: \$300.00

Respondent's Position

Based upon clarifying documentation an allowance has been recommended for date of service 4/25/22 in the amount of \$150.00 ...

MMI REIMBURSEMENT \$350

DRE METHOD USED FOR IMPAIRMENT RATING ... However, DRE method reimbursement is as follows: DRE - \$150/\$150 each additional.

Body areas: CERVICAL SPINE ADDITIONAL \$150, RT & LFT UPPER EXTREMITY IS ONE BODY AREA \$150, RT KNEE \$150.

Thus only \$150 additional due as DRE method not ROM documented.

Response Submitted by: Mitchell International, Inc.

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

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

- 308 – MMI/IR procedure code 99456 is permitted only once on the same date of service.
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 18 – Exact duplicate claim/service.
- 224 – Duplicate charge.
- 756 – Per rule 133.250 provider may not submit reconsideration after the carrier has taken final action. Seek MDR in accordance to rule 133.307

Issues

1. Is Edward W. Smith, D.O. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Smith is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Smith 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. Smith performed impairment rating evaluations of cervical spine, upper extremities, and right knee. The rule at 28 TAC §134.250(4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas.

Dr. Smith argued that "Range of motion measurements were required in this case."

28 TAC §134.250(1) requires the examination to include the tests used to evaluate impairment rating, according to the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides) Review of the documentation presented does not sufficiently support that range of motion testing was performed in accordance with the AMA Guides. Reimbursement is calculated based on the evidence presented to DWC.

The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. The combined MAR for the calculation of the impairment rating for this examination is \$450.00.

The total allowable reimbursement for the examination in question is \$800.00. The total paid by the insurance carrier is \$800.00. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

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.