

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Melburn K. Huebner, M.D.

**Respondent Name**

ABF Freight System, Inc.

**MFDR Tracking Number**

M4-22-2315-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

June 27, 2022

### Summary of Findings

| Dates of Service | Disputed Services   | Amount in Dispute | Amount Due |
|------------------|---|-------------------|------------|
| January 5, 2022  | Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP | \$950.00          | \$950.00   |

### Requestor's Position

We called ABF Freight and on December 2, 2021 the adjuster, Travis Sharp approved this visit. We documented this because it was a verbal authorization. I refaxed with an appeal on March 28, 2022 and once again it was denied. On May 16, 2022 the new adjuster assigned to this case was Tracy Burns and was told this was being reviewed and sending back for payment. On 06-27-2022 we received another denial for timely finding.

**Amount in Dispute:** \$950.00

### Respondent's Position

The Austin carrier representative for ABF Freight System, Inc. is Parker and Associates, LLC. The representative was notified of this medical fee dispute on July 6, 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 provisions for certification of maximum medical improvement and impairment rating.
2. 28 TAC §130.3 sets out the provisions for certification of maximum medical improvement and impairment rating by a doctor other than the treating doctor.
3. 28 TAC §133.20 sets out the requirements for submitting a medical bill.
4. §133.307 sets out the procedures for resolving medical fee disputes.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
- Notes: "deny-extent of injury, reached mmi for other injuries"
- 18 – Exact duplicate claim/service
- D – Service has previously been submitted.
- Notes: "deny-timely filing"

### Issues

1. Is this dispute subject to dismissal for extent of injury?
2. Is ABF Freight System, Inc.'s denial based on MMI "for other injuries" supported?
3. Is ABF Freight System, Inc.'s denial based on timely filing supported?
4. Is Melburn K. Huebner, M.D. entitled to additional reimbursement?

## Findings

1. Dr. Huebner is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on January 5, 2022.

The insurance carrier denied the examination, in part, based on extent of the compensable injury. 28 TAC §§133.305 (b) and 133.307 (c)(1)(B)(i) state that a dispute regarding extent of injury must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307 (d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves the extent of the compensable injury.

Review of the submitted documentation finds that ABF Freight System, Inc. failed to respond to this dispute in any way to support a denial based on extent of the compensable injury.

This dispute is not subject to dismissal as this denial reason was not supported.

2. ABF Freight System, Inc. also denied payment based on MMI "for other injuries." Based on available information, DWC finds that Dr. Huebner's report of MMI and IR was the first certification for the date of injury in question. Certifications of MMI for other injuries would not be applicable to this dispute.

DWC finds that the denial of payment for this reason is not supported.

3. Per explanation of benefits dated June 1, 2022, the insurance carrier also denied payment based on timely filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

Per explanation of benefits dated January 21, 2022, the first copy of the bill in question was received by the insurance carrier on January 8, 2022. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

4. Because the insurance carrier failed to support its denial of payment for the service in question, Dr. Huebner is entitled to reimbursement.

The submitted documentation supports that Dr. Huebner performed an evaluation of maximum medical improvement. 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. Huebner performed impairment rating evaluations of the spine, left shoulder, and hips and knees 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 MAR for the evaluation of subsequent

musculoskeletal body areas is \$150.00 each. The total MAR for the determination of impairment rating is \$600.00.

The total allowable reimbursement for the examination in question is \$950.00. 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 \$950.00 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 ABF Freight System, Inc. must remit to Melburn K. Huebner, M.D. \$950.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

October 12, 2022

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).