

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Barbara Bush, M.D.

Respondent Name

ABF Freight System, Inc.

MFDR Tracking Number

M4-22-2635-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

August 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 20, 2022	Designated Doctor Examination 99456-W5-26; 99456-W5-TC; 99456-W6-RE; 99456-MI	\$2,150.00	\$1,300.00

Requestor's Position

We seek full reimbursement for the outstanding balance of \$1350.00 along with interest accrued according to Rule 134.803...

Amount in Dispute: \$2,150.00

Respondent's Position

The Austin carrier representative for ABF Freight System, Inc. is Parker and Associates, Inc.. The representative was notified of this medical fee dispute on August 23, 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 §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 extent of injury.
3. 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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 18 – Exact duplicate claim/service
- D – Service has previously been submitted.

Issues

1. Is Barbara Bush, M.D. entitled to additional reimbursement?

Findings

1. Dr. Bush is seeking reimbursement for a designated doctor examination performed on January 20, 2022. The insurance carrier failed to raise a defense for non-payment of a DWC-ordered examination. Therefore, Dr. Bush is entitled to reimbursement in accordance with applicable fee guidelines.

The submitted documentation supports that Dr. Bush 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. Bush performed impairment rating evaluations of the shoulder with range of motion testing and the spine. The rule at 28 TAC §134.250 (4)(C)(ii) 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 \$450.00.

The submitted documentation indicates that Dr. Bush was asked to address maximum medical improvement, impairment rating, and extent of injury. 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.

Documentation supports that Dr. Bush found that the injured employee was at maximum medical improvement in one scenario, but not at maximum medical improvement in two others, so no additional impairment ratings were calculated.

The submitted documentation indicates that Dr. Bush performed an examination to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement is \$1,300.00. 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 \$1,300.00 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 Barbara Bush, M.D. \$1,300.00 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

November 17, 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.