



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jason Watkins, D.C.

Respondent Name

Memic Indemnity Co.

MFDR Tracking Number

M4-22-2737-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 18, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
	Multiple Impairment Calculations 99456-W5-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
Total		\$1,200.00	\$0.00

Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

Amount in Dispute: \$1,200.00

Respondent's Position

The Austin carrier representative for Memic Indemnity Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 30, 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 §134.250 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:

- 234 – This procedure is not paid separately.
- 16 – Svc lacks info needed or has billing error(s)
- ORC – See Additional Information
- RM7 – Invalid code for CMS payment-resubmit w/ valid code
- Notes: "Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI; therefore, no addtl IR occurred."
- B13 – Payment for service may have been previously paid

Issues

1. Is Jason Watkins, D.C. entitled to additional reimbursement?

Findings

1. Dr. Watkins is seeking additional reimbursement for a designated doctor examination performed on March 18, 2022. The examination included maximum medical improvement, impairment rating, and extent of the compensable injury.

Per explanation of benefits dated April 20, 2022, the insurance carrier paid \$650.00 for the maximum medical improvement and impairment rating and paid \$500.00 for the determination of the extent of the compensable injury. Both payments were the full amount billed for those services.

Dr. Watkins also billed \$50.00 for providing multiple impairment ratings. In a subsequent

statement, the requestor stated, "I noticed the DWC60 for this dispute should be in the amount of \$50 not \$1200.00." Therefore, this is the only service that will be reviewed in this dispute.

The submitted documentation supports that Dr. Watkins 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.

However, the documentation supports that Dr. Watkins found that the injured employee was not at maximum medical improvement, so no impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. DWC does not recommend additional reimbursement for this charge.

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

February 10, 2023

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.