

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Samuel Moya, D.C.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-22-2795-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 17, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Designated Doctor Examination 99456-W5-SP	\$50.00	\$0.00
Total		\$700.00	\$650.00

Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$700.00

Respondent's Position

Although the provider included fax information for the carrier, it is the carrier's position that while the carrier did receive most of the provider's documents, it did not receive a CMS-1500 medical bill. Regardless, now that the carrier has received the medical bill in the DWC-60 packet, it has processed the provider's bill and has issued payment in the amount of \$700. This was done on September 10, 2022.

Response Submitted by: Flahive, Ogden & Latson

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

Neither party submitted an explanation of benefits with reasons for the payment, reduction, or denial of payment for the disputed services prior to the request for medical fee dispute resolution.

Issues

1. Is Samuel Moya, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Moya is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating, incorporating a specialist's report.

In its position statement, the insurance carrier agreed that payment was due and provided an explanation of benefits dated September 9, 2022, supporting this position. On November 10, 2022, Medical Fee Dispute Resolution requested documentation from Flahive, Ogden & Latson on behalf of the insurance carrier to support payment as the requestor stated it had not been received.

No documentation or response was received to support reimbursement of the disputed service. Therefore, the division finds that Dr. Moya is entitled to reimbursement.

The submitted documentation supports that Dr. Moya 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. Moya performed impairment rating evaluations of the right upper extremity with range of motion testing. 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.

Dr. Moya is also seeking additional reimbursement for incorporating additional testing into the examination to determine maximum medical improvement and impairment rating. Dr. Moya billed this service using procedure code 99456-SP.

28 TAC §134.250 (4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating to **non-musculoskeletal** body areas. Dr. Moya provided no evidence to support that a specialist's report was used in the final determination of an impairment rating of a non-musculoskeletal body area.

The total allowable reimbursement of the disputed service is \$650.00. 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 \$650.00 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 American Zurich Insurance Co. must remit to Samuel Moya, D.C. \$650.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	March 9, 2023
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. 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.