



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Charles, Rodela, M.D.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-0078-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 7, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 23, 2022	Examination to Determine Maximum Medical Improvement 99455-V3	\$160.00	\$160.00

### Requestor's Position

Dr. Rodela is the treating doctor who determined patient's MMI has been reached and there is no permanent impairment because the injury was sufficiently minor.

**Amount in Dispute:** \$160.00

### Respondent's Position

The Austin carrier representative for AIU Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 13, 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 procedures for certification of maximum medical improvement.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement.

### Denial Reasons

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

- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
- 18 – Exact duplicate claim/service

### Issues

1. Is AIU Insurance Co.'s denial based on certification or eligibility supported?
2. Is Charles, Rodela, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Rodela is seeking reimbursement for an examination to determine maximum medical improvement. AIU Insurance Co. denied payment stating, "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

Per 28 TAC §130.1 (a)(1)(A)(i), the treating doctor is authorized to certify maximum medical improvement and determine if there is permanent impairment. The greater weight of evidence submitted supports that Dr. Rodela was acting as the treating doctor for the service in question.

Per 28 TAC §130.1 (a)(1)(B)(ii), a doctor that is not certified to assign impairment ratings may certify maximum medical improvement if it is deemed that the injured employee has no impairment. The documentation submitted to DWC indicates that Dr. Rodela found that the injured employee was at maximum medical improvement with no impairment. Therefore, certification is not relevant for the service considered in this review.

DWC finds that the insurance carrier's denial of payment based on certification or eligibility is not supported.

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

According to 28 TAC §§134.250 (3)(A), the treating doctor is required to bill an examination to determine maximum medical improvement with CPT code 99455. The treating doctor is required to include modifier "V1," "V2," "V3," "V4," or "V5" to correspond with the last digit of the applicable office visit.

28 TAC §134.250 (3)(A)(i) states that reimbursement is the applicable established patient office visit level associated with the examination. Dr. Rodela billed the examination in question with modifier V3.

The applicable office visit level that corresponds with this modifier is 99213. The maximum allowable reimbursement (MAR) for this code is based on Medicare payment policies as described in 28 TAC §134.203. The MAR for the MMI portion of the examination in question is \$160.00. 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 \$160.00 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 AIU Insurance Co. must remit to Charles, Rodela, M.D. \$160.00 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

December 15, 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](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).