

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Michael P. McGarrah, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-0139-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 15, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2022	Designated Doctor Examination 99456-W5-WP	\$260.00	\$260.00

### Requestor's Position

My report and billing were forwarded to the carrier appropriately. The carrier has **reduced the payment** and after sending a letter of reconsideration with request for full payment stands their ground relative to the reduction.

**Amount in Dispute:** \$260.00

### 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 October 4, 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 §134.1 sets out the guidelines for reimbursement of medical bills.
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 reduced the payment for the disputed services with the following claim adjustment codes:

- The charge was reduced per the agreement with HRGI.
- The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- No additional reimbursement allowed after review of appeal/reconsideration.

### Issues

1. Is AIU Insurance Co.'s denial based on prior agreement supported?
2. Is Michael P. McGarrah, D.C. entitled to additional reimbursement?

### Findings

1. Dr. McGarrah is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

AIU Insurance Co. denied payment based on previous agreement with HRGI. Review of the submitted documentation does not support that the requestor made an agreement with the insurance carrier or its agent regarding the examination in question.

DWC concludes this denial reason is not supported.

2. Because the insurance carrier did not support a denial of payment, Dr. McGarrah is entitled to reimbursement.

The submitted documentation supports that Dr. McGarrah 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. McGarrah performed an impairment rating evaluation 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.

The total allowable amount for the services in question is \$650.00. The AIU Insurance Co. paid \$390.00. An additional \$260.00 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 \$260.00 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 Michael P. McGarrah, D.C. \$260.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	January 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](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).