

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Robbie Rampy M.D.

**Respondent Name**

Carolina Casualty Insurance Co.

**MFDR Tracking Number**

M4-23-0187-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 22, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 28, 2022	Designated Doctor Examination 99456-W5-WP	\$800.00	\$800.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$50.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$250.00
	Designated Doctor Examination 99456-W8-RE	\$125.00	\$125.00
<b>Total</b>		<b>\$1,725.00</b>	<b>\$1,725.00</b>

### Requestor's Position

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

**Amount in Dispute:** \$1,725.00

## **Respondent's Position**

The Austin carrier representative for Carolina Casualty 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 §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of injury, return to work, and disability.
4. 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 [reduction or denial] of payment for the disputed services.

### Issues

1. Did Carolina Casualty Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Robbie Rampy M.D. entitled to additional reimbursement?

### Findings

1. Dr. Rampy is seeking reimbursement for a designated doctor examination performed on April 28, 2022. Dr. Rampy argued that no explanations of benefits were received.

Per 28 TAC §133.240 (a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to submit any defense to support non-payment of the services in question, Dr. Rampy is entitled to reimbursement.

The submitted documentation supports that Dr. Rampy 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. Rampy performed impairment rating evaluations of right upper extremity with range of motion testing and cardiovascular disease. 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 rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-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. Rampy was ordered to address maximum medical improvement, impairment rating, and extent of injury. The narrative report and enclosed forms support that these evaluations were performed, and one additional impairment rating was provided. 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. Therefore, the correct MAR for this service is \$50.00.

The submitted documentation indicates that Dr. Rampy performed examinations to determine the extent of the compensable injury, whether disability was related to the compensable injury, and ability to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Designated doctor rules for multiple examinations of this type are found at 28 TAC §134.240 (2).

Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. Additional examinations are reimbursed at 25%.

For this dispute, the MAR for the examination to determine the extent of the compensable injury is \$500.00. The examination to determine the relatedness of disability is \$250.00. The

examination to determine the ability to return to work is \$125.00.

The total allowable reimbursement for the services in question is \$1,725.00

### 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 \$1,725.00 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 Carolina Casualty Insurance Co. must remit to Robbie Rampy M.D. \$1,725.00 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

January 27, 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](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).