



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Kevin Prentice, D.C.

**Respondent Name**

Continental Casualty Co.

**MFDR Tracking Number**

M4-23-0202-01

**Carrier's Austin Representative**

Box Number 57

**DWC Date Received**

September 23, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 4, 2022	Designated Doctor Examination 99456-W5-WP	\$950.00	\$150.00

### Requestor's Position

CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS

**Amount in Dispute:** \$950.00

### Respondent's Position

Carrier forwarded this to our bill review vendor, Conduent, to be re-audited. After review, payment is now in process and will be forwarded to the HCP.

**Response Submitted by:** Law Office of Brian J. Judis

### 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 reduction or denial of payment for the disputed services.

## Issues

1. Is Kevin Prentice, D.C. entitled to additional reimbursement?

## Findings

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

The insurance carrier did not maintain a denial of payment for the services in question. While no explanation of benefits was provided, both parties acknowledged that a payment of \$800.00 was made on or about December 21, 2022. DWC will review for total allowable reimbursement.

The submitted documentation supports that Dr. Prentice 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. Prentice performed impairment rating evaluations of the right shoulder and cervical spine 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The submitted documentation also supports that Dr. Prentice provided an impairment rating for a closed rib fracture. 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.

DWC finds that the total allowable reimbursement for the services in question is \$950.00. The insurance carrier paid \$800.00. An additional \$150.00 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 \$150.00 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 Continental Casualty Co. must remit to Kevin Prentice, D.C. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

_____	_____	January 27, 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).