

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

David Alvarado, D.C.

**Respondent Name**

ABF Freight System, Inc.

**MFDR Tracking Number**

M4-23-0335-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

October 11, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 8, 2022	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$250.00
	Range of Motion Testing 95851 x 1 unit	\$41.10	\$36.60
<b>Total</b>		<b>\$791.10</b>	<b>\$786.60</b>

### Requestor's Position

CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS

**Amount in Dispute:** \$791.10

### Respondent's Position

The Austin carrier representative for ABF Freight System, Inc. is Parker & Associates, LLC. The representative was notified of this medical fee dispute on October 18, 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 §134.203 sets out the fee guidelines for professional medical services.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of injury and disability.
4. 28 TAC §134.240 sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

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

- RN01 – Nurse review has been completed on this claim.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### Issues

1. Is David Alvarado, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Alvarado is seeking reimbursement for a designated doctor examination and range of motion testing performed on March 8, 2022.

The submitted documentation indicates that Dr. Alvarado performed examinations to determine the extent of the compensable injury and if disability was related to the compensable injury. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. 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%.

For this dispute, the MAR for the examination to determine the extent of the compensable

injury is \$500.00. The examination to determine if disability was related to the compensable injury is \$250.00.

If the examining doctor determines that additional testing is required to make a determination, 28 TAC §134.235 requires that the testing be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

Documentation submitted to DWC supports that Dr. Alvarado performed range of motion testing for the lumbar spine. Range of motion testing, represented by CPT code 95851, was billed at one unit.

As stated in 28 TAC §134.203 (b) and (c), reimbursement for the services in question are based on Medicare policies using the conversion factor determined by DWC for the appropriate year. The conversion factor for 2022 is \$62.46. Therefore, the MAR is \$36.60.

The total amount allowable for the examinations in question is \$786.60. 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 \$786.60 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 ABF Freight System, Inc. must remit to David Alvarado, D.C. \$786.60 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

February 1, 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).