



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John A. Sklar, M.D.

Respondent Name

Federal Insurance Co.

MFDR Tracking Number

M4-23-0432-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 22, 2022	Multiple Impairment Ratings	\$50.00	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$50.00

Respondent's Position

The requestor was not acting as a Designated Doctor when he rendered services on 6/22/22, thus the use of modifier MI was incorrect. The requestor was performing services as a Post-DDE. Reason codes 16 and 4 was used to indicate a billing error and reference to modifier. There was also a statement indicating: *Per rule 134.210(e) – Modifier MI shall be added to CPT code 99456 when the designated doctor is required to complete multiple impairment rating calculations. This is not a DD exam.*

Additionally, the requestor did not perform additional IR calculations as the 2nd DWC69 form indicated the IW was NOT at MMI. As the IW was not at MMI, impairment cannot be determined.

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

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

- 16 – Svc lacks info needed or has billing error(s)
- 4 – Procedure code inconsistent with modifier used
- Note: "Not only is this not a DD exam (which is required for use of modifier MI); but payment is negated because the additional DWC9 shows the IW is NOT a MMI. There can be no 'additional' IRs if the injuries are NOT at MMI.

Issues

1. Is Federal Insurance Co.'s denial reason supported?

Findings

1. John A. Sklar, M.D. is seeking reimbursement for the calculation of an additional impairment rating given as part of an examination performed at the request of the insurance carrier. 28 TAC §180.22 (h) reserves reimbursement for multiple impairment ratings performed as part of a **designated doctor** examination.

The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination.

DWC finds that the denial of payment for this service is supported. Therefore, no reimbursement can be 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	December 9, 2022
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. 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.

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.