

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Scott Harrell, D.C.

**Respondent Name**

Texas Department of Transportation

**MFDR Tracking Number**

M4-23-0569-01

**Carrier's Austin Representative**

Box Number 32

**DWC Date Received**

November 3, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 23, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$800.00	\$800.00

### Requestor's Position

A referral was established by the treating doctor, Dr. Roberts for an Alternate Certification of MMI/IR regarding the accepted diagnosis ... It is the position of this provider that the denial code from first and second request for payment that was given for non-payment is not justified and the submitted bill warrants payment in full, which is in the amount of \$800.00 per DWC fee guidelines ...

**Amount in Dispute:** \$800.00

### Respondent's Position

The Division should find that the Requestor is not entitled to payment for the exam on 11/23/21 because the Division did not assign or order Requestor to perform the exam.

[The injured employee] attended an exam by Designated Doctor Steven Robillard, D.C. on 8/19/21, and Dr. Robillard certified that [the injured employee] reached Maximum Medical Improvement on 11/04/20 with a 1% impairment rating.

## **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.
3. Texas Labor Code §408.0041 sets out the provisions for designated doctor examinations.

### Denial Reasons

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

- Notes: "Coverage/program guidelines were exceeded."
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- Notes: "This procedure on this date was previously reviewed"

### Issues

1. Is Texas Department of Transportation's denial of payment supported?
2. Is Scott Harrell, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Harrell is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed on November 23, 2021.

The insurance carrier argued that "that the Requestor is not entitled to payment for the exam on 11/23/21 because the Division did not assign or order Requestor to perform the exam."

TLC §408.0041 (f-2) states:

An employee required to be examined by a designated doctor may request a medical examination to determine maximum medical improvement and the employee's impairment rating from the treating doctor or from another doctor to whom the employee is referred by the treating doctor if:

- (1) The designated doctor's opinion is the employee's first evaluation of maximum medical improvement and impairment rating; and
- (2) The employee is not satisfied with the designated doctor's opinion.

DWC finds that the insurance carrier's denial is not supported.

2. Because the insurance carrier failed to support its denial of payment for the services in question, Dr. Harrell is entitled to reimbursement.

The submitted documentation supports that Dr. Harrell performed an evaluation of maximum medical improvement. 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. Harrell performed impairment rating evaluations of the spine and 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. The total MAR for the determination of impairment rating is \$450.00.

The total allowable for the services in question is \$800.00. 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 requestor has established that additional reimbursement of \$800.00 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 Texas Department of Transportation must remit to Scott Harrell, D.C. \$800.00 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

December 20, 2022  
\_\_\_\_\_  
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).