



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

C. Patricia Winter-Valdez, M.D.

**Respondent Name**

Hartford Insurance Company of Midwest

**MFDR Tracking Number**

M4-23-0647-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

November 13, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2022	Designated Doctor Examination 99456-W5-WP; 99456-W6; 99456-W8; 99456-MI	\$250.00	\$0.00

### Requestor's Position

The Impairment Rating evaluation dated 09-13-2022 was partially paid and denied twice after an appeal. Addressing Return to Work is reimbursed using 99456-RE as outlined in 134.204(i) & (k) \$500 and the completion of the DWC-73 (work status report) at \$50.00

**Amount in Dispute:** \$250.00

### Respondent's Position

The bill in question was processed and paid per fee and adjusted in accordance with multiple procedure rules and/or guidelines.

**Response Submitted by:** The Hartford

## 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 §134.235 sets out the fee guidelines for examinations to determine extent of injury and ability to return to work.
3. 28 TAC §134.240 sets out the fee guidelines for designated doctor examinations.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- 133 – The disposition of this claim/service is pending further review.
- 851 – The allowance was adjusted in accordance with multiple procedure rules and/or guidelines.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- PPRJ – Paid without prejudice.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

### Issues

1. Is C. Patricia Winter-Valdez, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Winter-Valdez is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, extent of the compensable

injury, and ability to return to work.

The submitted documentation supports that Dr. Winter-Valdez 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. Winter-Valdez performed impairment rating evaluations of the left eye. 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 \$150.00.

The submitted documentation indicates that Dr. Winter-Valdez 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 two additional impairment ratings were 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 \$100.00. However, Dr. Winter-Valdez billed \$50.00 for this service.

The submitted documentation indicates that Dr. Winter-Valdez performed examinations to determine extent of the compensable injury and ability to return to work. 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 the ability to return to work is \$250.00.

The total allowable reimbursement for the services in question is \$1,300.00. Per explanation of benefits dated October 3, 2022, Hartford Insurance Company of Midwest paid \$1,450.00. No additional reimbursement 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 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

\_\_\_\_\_  
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).