

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Stephanie Janiak, D.C.

Respondent Name

Tarrant County

MFDR Tracking Number

M4-23-0755-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

November 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 29, 2022	Designated Doctor Examination 99456-W5-NM	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-SP	\$50.00	\$0.00
Total		\$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 Austin carrier representative for Tarrant County is JI Specialty Services. The representative was notified of this medical fee dispute on December 6, 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 §134.250 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:

- 600 – Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Stephanie Janiak, D.C. entitled to additional reimbursement for the service in question?

Findings

1. Dr. Janiak is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. Dr. Janiak is seeking \$0.00 for reimbursement of procedure code 99456 with modifiers W5 and NM. Therefore, this code will not be reviewed in this dispute.

Dr. Janiak is seeking additional reimbursement for incorporating additional testing into the examination with a finding that the injured employee had not reached maximum medical improvement. Therefore, no impairment rating was calculated.

28 TAC §134.250 (4)(D)(iii) limits billing for incorporating a specialist report into the

determination of impairment rating to non-musculoskeletal body areas. Dr. Janiak provided no evidence to support that a specialist's report was used in the determination of an impairment rating calculation of a non-musculoskeletal body area.

DWC finds that Dr. Janiak is not entitled to reimbursement for the service in question.

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

February 17, 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. 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.