



AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Juan Quiroz, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-0817

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2022	Designated Doctor Examination 99456-W5-WP	\$950.00	\$150.00

Requestor's Position

CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS

Amount in Dispute: \$950.00

Respondent's Position

Per the TWCC-32 submitted, the designated doctor was to perform an MMI/IR exam (base \$350), range of motion exam on the upper extremities (\$300), and an examination of the spine and musculoskeletal structures of the torso (spine DRE, \$150) for a total of \$800 reimbursement, per rule 134.250. Payment was made on 4/1/22 in the amount of \$800 ...

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

By Official Order Number 6695 dated February 26, 2021, the undersigned has been delegated authority by the Commissioner to **amend** fee dispute decisions.

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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 (TAC) §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:

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issues

1. Is Juan Quiroz, M.D. entitled to additional reimbursement?

Findings

1. Dr. Quiroz is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Quiroz 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. Quiroz performed impairment rating evaluations of the scarring and contusion of the left hand as well as spine and upper extremities 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 requestor assigned impairment ratings utilizing range of motion for two musculoskeletal body areas: the spine and upper extremities. The total allowable reimbursement for musculoskeletal body areas for this dispute is \$450.00.

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. Per the report submitted by the requestor, "based on chapter 13 of SKIN, table 2 the examinee belong to class 1 with 0% impairment". The requestor assigned an impairment rating for one non-musculoskeletal body area. The total allowable reimbursement for non-musculoskeletal body areas in this dispute is \$150.00.

DWC finds that the total allowable reimbursement for the examination in question is \$950.00. Per explanation of benefits dated April 1, 2022, the insurance carrier paid \$800.00. An additional reimbursement of \$150.00 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 \$150.00 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 Mutual Insurance Company must remit to Juan Quiroz, M.D. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Director of Medical Fee Dispute Resolution

04/18/2023

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.