



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Sandra Silmon, D.C.

Respondent Name

Accident Fund National Insurance Co.

MFDR Tracking Number

M4-23-0840-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

December 9, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|--|-------------------|------------|
| July 5, 2022 | Designated Doctor Examination 99456-W5-WP | \$150.00 | \$0.00 |

Requestor's Position

The chart below is a breakdown of the reimbursement ...

| | |
|---|--------------|
| MMI Examination | \$350 |
| Impairment for Lower Extremity/Knee (using ROM) | \$300 |
| Impairment for Upper Extremity/Shoulder (using ROM) | \$150 |
| - each additional area is \$150 | |
| TOTAL | \$800 |

Amount in Dispute: \$150.00

Respondent's Position

... this DD appointment was reimbursed according to how it was billed. Since the provider completed an additional IR, they should have billed 2 units rather than 1 unit. According to Rule 133.200 of the Texas Administrative Code, the insurance carrier may not make any changes to the units billed. To make an additional payment would be in violation of the DWC's rules.

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:

- 01(P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- TX P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 60(B13) – The provider has billed for the exact services on a previous bill.
- TX B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

1. Is Sandra Silmon, D.C. entitled to additional reimbursement?

Findings

1. Dr. Silmon is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The billing for the service in question indicates that it was for one unit.

Per 28 TAC §134.250 (4)(A) states, "The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form."

No evidence was submitted to support that Dr. Silmon billed for two body areas.

28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for an examination to determine maximum medical improvement is \$350.00.

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 total allowable for an examination to evaluate maximum medical improvement and impairment rating of one body area is \$650.00. Per explanation of benefits dated August 2, 2022, that amount was paid by the insurance carrier. No additional 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 27, 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.