

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Charles W. Hebert, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-1013-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 30, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$650.00	\$0.00

Requestor's Position

Our original claim was submitted with an incorrect diagnosis code ... We have corrected the codes ...

Amount in Dispute: \$650.00

Respondent's Position

Dr. Charles W. Herbert performed an MMI/IR exam on our injured worker on 7/8/21 and determined the injured worker was at MMI with a 4% IR. Dr. Charles W. Herbert then submitted a second MMI/IR exam for date of service 8/30/22 with a 5% IR, however, the documentation submitted with that DWC-69 was for the 7/8/21 exam and it does not appear that Dr. Herbert conducted a second exam.

Response Submitted by: Texas Mutual Insurance Company

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 §130.1 sets out the procedures for certification of maximum medical improvement and impairment rating.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-18 – Exact duplicate claim/service.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.
- Notes: "892-DWC 69 DATE IS 8/30/22. THE DATE ON THE DOCUMENTATION SUBMITTED IS 7/8/22. THESE DATES ARE NOT CONSISTENT."

Issues

1. Is Charles W. Hebert, D.C. entitled to additional reimbursement?

Findings

1. Dr. Hebert is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on August 30, 2022.

28 TAC §134.250 (1)(D) reimbursement for an examination to determine MMI and IR requires the submission of reports, including a narrative report. Per 28 TAC §130.1 (d)(1)(B)(i), the narrative must include the date of the certifying examination.

Review of the submitted narrative finds that the documented date of service does not match the date of service in question, August 30, 2022. No documentation was submitted to meet the requirements of 28 TAC §130.1 (d)(1)(B)(i). No 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 not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	February 17, 2023
Signature	Medical Fee Dispute Resolution Officer	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.