

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John P. Obermiller, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-1028-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 5, 2023

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------|---|-------------------|---------------|
| December 22, 2021 | Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP | \$650.00 | \$0.00 |
| | Examination to Determine Extent of Injury 99456-RE | \$500.00 | \$0.00 |
| | Multiple Impairment Ratings 99456-MI | \$50.00 | \$0.00 |
| Total | | \$1,200.00 | \$0.00 |

Requestor's Position

A Post-DD RME was performed on December 22, 2021 by John P Obermiller MD in Houston, Texas. Per the DWC022, Dr. Obermiller was asked to address **Maximum Medical Improvement and Impairment Rating and Extent of Compensable Injury**. Dr. Obermiller addressed 1 body area using Range of Motion. We have not received any payment at this time.

Amount in Dispute: \$1,200.00

Respondent's Position

One year from disputed date 11/01/2021 would have been 11/01/2022. The TDI/DWC date stamp lists the received date as 01/05/2023 on the requestor's DWC-60 packet, a date greater

than on year. The requestor has waived its right to DWC MDR.

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 §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- CAC-18 – Exact duplicate claim/service
- 224 – Duplicate charge.

Issues

1. Did John P. Obermiller, M.D. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Obermiller is seeking additional reimbursement for an examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury performed on December 22, 2021.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service. DWC received the medical fee dispute resolution request on January 5, 2023. This is more than one year after date of service December 22, 2021.

DWC finds that Dr. Obermiller has waived the right to medical fee dispute resolution for this date of service.

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 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.