



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

John Sklar, M.D.

**Respondent Name**

Mitsui Sumitomo Insurance Co. of America

**MFDR Tracking Number**

M4-23-1151-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 18, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 5, 2022	Designated Doctor Examination 99456-W5-NM	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor examination 99456-W8-RE	\$0.00	\$0.00
<b>Total</b>		<b>\$50.00</b>	<b>\$0.00</b>

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$50.00

### Respondent's Position

The Austin carrier representative for Mitsui Sumitomo Insurance Co. of America is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 24, 2023.

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 §134250 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:

- Notes: "Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI: therefore no addtl IR occurred.
- 234 – This procedure is not paid separately.
- RD8 – Multiple procedure/2<sup>nd</sup> procedure (50%)
- RD7 – Multiple procedure/1<sup>st</sup> procedure

### Issues

1. What are the services considered in this dispute?
2. Is John Sklar, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Sklar is seeking additional reimbursement for a designated doctor examination performed on July 5, 2022. The examination included maximum medical improvement, extent of injury, and ability to return to work. Dr. Sklar is seeking \$0.00 for each of these evaluations, but is seeking \$50.00 for multiple impairment ratings. This service is considered in this dispute.
2. The submitted documentation supports that Dr. Sklar was asked to address maximum medical improvement, impairment rating, and extent of injury. When multiple impairment ratings are

required as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

Documentation indicates that Dr. Sklar found that the injured employee was not at maximum medical improvement, so no impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. DWC does not recommend reimbursement for this charge.

### 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 20, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).