



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kirk Bradford, D.C.

Respondent Name

El Paso ISD

MFDR Tracking Number

M4-23-1411-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 15, 2022	Designated Doctor Examination 99456-W5-WP	\$300.00	\$300.00

Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

Amount in Dispute: \$300.00

Respondent's Position

The Austin carrier representative for El Paso ISD is Downs Stanford, PC. The representative was notified of this medical fee dispute on February 22, 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 §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:

- 18 – Exact duplicate claim/service
- 247 – A payment or denial has been recommended for this service.
- D1 – Duplicate Control Number ...

Issues

1. Is the insurance carrier's denial based on duplicate claim/service supported?
2. Is Kirk Bradford, D.C. entitled to additional reimbursement?

Findings

1. Dr. Bradford is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment based on "exact duplicate claim/service." No evidence was provided to support this denial reason.
2. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Bradford is entitled to reimbursement.

The submitted documentation supports that Dr. Bradford 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. Bradford performed impairment rating evaluations of the left knee 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 total allowable reimbursement for the examination in question is \$650.00. Dr. Bradford indicated on the Request for Medical Fee Dispute Resolution Request (DWC060) that he received a payment of \$350.00 and is seeking \$300.00 on this dispute. Therefore, a reimbursement of \$300.00 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 \$300.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that El Paso ISD must remit to Kirk Bradford, D.C. \$300.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 12, 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 electronico CompConnection@tdi.texas.gov.