



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Michael S. Johnson, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-1442-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 18, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2022	Designated Doctor Examination 99456-W5-NM; 99456-W8-RE	\$850.00	\$850.00

### Requestor's Position

Texas Labor code §408.0041 requires insurance carriers to reimburse designated doctors for examinations ordered by the Commission of Workers' Compensation according to the fee guidelines.

**Amount in Dispute:** \$850.00

### Respondent's Position

The Austin carrier representative for AIU Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 28, 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 §134.235](#) sets out the fee guidelines for examinations to determine the ability to return to work.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement.

### Denial Reasons

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

- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 947 – Upheld. No additional allowance has been recommended.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- MA46 Alert – The new information was considered but additional payment is not being issued.

### Issues

1. Is AIU Insurance Co.'s denial based on duplicate claim or service supported?
2. Is Michael S. Johnson, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Johnson is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and ability to return to work. The insurance carrier denied payment based on duplicate claim or service. No evidence was provided to support this denial reason.
2. Because AIU Insurance Co. failed to support its denial of payment, Dr. Johnson is entitled to

reimbursement.

The submitted documentation supports that Dr. Johnson performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00.

The submitted documentation indicates that Dr. Johnson performed an examination to determine the ability to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the examination in question is \$850.00. This amount 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 \$850.00 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 AIU Insurance Co. must remit to Michael S. Johnson, D.C. \$850.00 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](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).