



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Aaron Ford, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-1545-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 11, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$650.00	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$650.00

Respondent's Position

Texas Independent Billing did not submit an appeal to Texas Mutual upon receiving the first denial, therefore did not fully comply per Rule 133.307(j) which states "a copy of all medical bills related to the dispute, as described in §133.10 of this chapter ... or §133.500 ... as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter ..."

Additionally, the provider did not provide a position statement for the disputed issue(s) per Rule 133.307(n) ...

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 §130.2 sets out the procedures for certification of maximum medical improvement and impairment rating.
2. 28 TAC §130.12 sets out the procedures related to finality of the first certification of maximum medical improvement and impairment rating.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. Texas Labor Code, Sec. 408.125 sets out the requirements for dispute of an impairment rating.

Denial Reasons

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

- 892 – MMI/IR exam was previously assessed by another doctor selected by treating on 10.4.22.
- 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.

Issues

1. Is Texas Mutual Insurance Company's denial of payment supported?

Findings

1. Dr. Ford is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on October 11, 2022. Texas Mutual Insurance Company denied payment stating, "MMI/IR exam was previously assessed by another doctor selected by treating on 10.4.22."

Available documentation supports that a previous examination to determine maximum medical improvement and impairment rating was performed by a doctor selected by the treating doctor acting in place of the treating doctor on October 4, 2022.

Dr. Ford failed to submit a copy of a request for reconsideration to the insurance carrier or a

position statement with this request for medical fee dispute resolution disputing the reason. Therefore, the division will review this dispute based on the information available.

Per 28 TAC §130.2 (a)(1):

A treating doctor who finds that the employee has permanent impairment but who is not authorized to assign impairment ratings as provided in §130.1 of this title (relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment), shall make a referral to a doctor who is authorized to do so on behalf of the treating doctor. Even if the treating doctor is so authorized, the doctor may choose to have another authorized doctor evaluate the employee for maximum medical improvement (MMI) and impairment in the place of the treating doctor. However, this evaluation shall be **considered to be the report of the treating doctor.**

This provision does not provide for the treating doctor to perform or refer multiple evaluations to address MMI and IR.

Texas Labor Code §408.125 (a) states that a designated doctor is to be assigned if the impairment rating is disputed. Per 28 TAC §130.12 (b),

A first MMI/IR certification must be disputed within 90 days of delivery of written notice through verifiable means, including IRs related to EOI disputes. The notice must contain a copy of a valid Form TWCC 69, Report of Medical Evaluation, as described in subsection (c). The 90-day period begins on the day after the written notice is delivered to the party wishing to dispute a certification of MMI or an IR assignment, or both ...

- (1) Only an insurance carrier, an injured employee, or an injured employee's attorney or employee representative under 150.3(a) may dispute a first certification of MMI or assigned IR under §141.1 ... or by requesting the appointment of a designated doctor, if one has not been appointed.

No documentation was submitted to support that Dr. Ford was assigned to perform an evaluation of MMI and IR in accordance with Texas Labor Code §408.125 or 28 TAC §130.12.

For the reasons stated above, the division finds that Texas Mutual Insurance Company's denial of payment is supported. 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 entitled

to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 6, 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.