



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Safety National Casualty Corporation

MFDR Tracking Number

M4-23-1609-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 15, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$950.00	\$950.00

Requestor's Position

CERTIFYING DOCTOR EXAMINATION NO PAYMENT RECEIVED

Amount in Dispute: \$950.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 14, 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment ratings.
4. [Texas Insurance Code \(TIC\), Chapter 1305](#) sets out the requirements for certified health care networks.

Denial Reasons

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

- 242 – Services not provided by network/primary care prov.
- NNP – Out-of-network approval not requested prior to rendering services.
- Notes: "Per the Labor Code: 401.011(19) 'Health care' includes all reasonable and necessary medical aid. MEDICAL EXAMS, medical treatments, medical diagnoses, MEDICAL EVALUATIONS, and medical svcs. This is a medical evaluation. Claim is covered by TX CorCare HCN"
- Notes: "Per the Labor Code: 401.011(19) 'Health care' includes all reasonable and necessary medical aid, MEDICAL EXAMS, medical treatments, medical diagnoses, MEDICAL EVALUATIONS, and medical svcs. This is a medical evaluation. Claim is covered by TX Lonestar HCN."

Issues

1. Is Safety National Casualty Corporation's denial based on network status supported?
2. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment stating that the services were not provided by network or primary care provider.

Per 28 TAC §§133.305 and 133.307, medical fee dispute resolution by DWC is limited to non-

network and certain out-of-network health care. DWC finds that the insurance carrier failed to provide documentation to support that the claim in question was part of a certified health care network as outlined in the applicable portions of TIC, Chapter 1305.

DWC finds that the insurance carrier’s denial of payment is not supported.

- 2. Because the insurance carrier failed to support its denial of payment, Dr. Khalifa is entitled to reimbursement for the services in question.

The submitted documentation supports that Dr. Khalifa performed an evaluation of maximum medical improvement. 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. Khalifa performed impairment rating evaluations of the lumbar and cervical spine, the left shoulder, and the left hip 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the examination in question is \$950.00. 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 \$950.00 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 Safety National Casualty Corporation must remit to Ahmed Khalifa, M.D. \$950.00 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

June 2, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.