



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

John Sklar, M.D.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-1613-01

**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 9, 2022	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
<b>Total</b>		<b>\$150.00</b>	<b>\$0.00</b>

### Requestor's Position

EOI = 500.00  
MMI = 350.00  
LE (ROM) = 300.00  
Spine = 150.00  
MI = 50.00  
Total = 1,350.00

**Amount in Dispute:** \$150.00

### 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 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 §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 reduced the payment for the disputed services with the following claim adjustment codes:

- Workers' compensation jurisdictional fee schedule adjustment.
- The charge for the procedure exceeds the amount indicated in the fee schedule.

### 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 an examination to determine maximum medical improvement, impairment rating, extent of injury, and multiple calculations of impairment. He is seeking \$0.00 for the examination to determine the extent of injury and multiple calculations of impairment. Therefore, only the examination to determine maximum medical improvement and impairment rating will be considered in this dispute.
2. The submitted documentation supports that Dr. Sklar 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 Sklar performed impairment rating evaluations of the hip and lumbar spine. 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 a musculoskeletal body area determined using the DRE method is \$150.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

Dr. Sklar indicated in the documentation submitted to DWC that charges include an impairment rating with range of motion testing. However, no evidence was provided to support that range of motion testing was performed. Therefore, the total reimbursement for determination of impairment rating is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated June 27, 2022, the insurance carrier paid this amount in full. No additional reimbursement 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 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

May 24, 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).