



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

ZNAT Insurance Company

MFDR Tracking Number

M4-23-1701-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 10, 2022	Designated Doctor Examination 99456-W5-WP	\$300.00	\$300.00
	Designated Doctor Examination 99456-MI	\$0.00	\$0.00
	Designated Doctor Examination 99456-SP	\$0.00	\$0.00
Total		\$300.00	\$300.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION

Amount in Dispute: \$300.00

Respondent's Position

On January 05, 2023, Zenith Insurance ("Zenith") processed a payment of \$1,200.00 on check number 954857. The disputed code 99456-MI was denied as not separately reimbursable ... The subsequent bills were denied in their entirety ...

Fee Schedule Reimbursement:

Date of Service	Procedure Code	Charge	Unit	Fee Schedule Allowance	Comments
9/10/2022	99456-W5-WP	\$ 1,400.00	6	\$ 1,100.00	MMI \$350.00 +IR: Spine and Pelvis ROM \$300.00 +IR: Upper Extremity ROM \$150.00 +IR: Lower Extremities ROM \$150.00 +IR: Other examination: non-musculoskeletal system \$150.00
9/10/2022	99456-MI	\$ 50.00	1	\$ 50.00	
9/10/2022	99456-SP	\$ 50.00	1	\$ 50.00	
Totals		\$1,500.00		\$ 1,200.00	CK#954857. Exhibit #1

Based on the review of the provider's report, no additional reimbursement is recommended.

Response Submitted by: The Zenith

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:

- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Notes: "UPON FURHTER REVIEW, NO ADDITIONAL ALLOWANCE IS RECOMMENDED. PAID PER FEE SCHEDULE. LINE 1: MMI/IR \$350.00 ROM \$300.00(UPPER EXTREMITIES) DRE \$150.00(LOW BACK)DRE \$150.00(LOWER EXTREMITES)DRE \$150.00(EYE)"
- 224 – Duplicate charge.
- 18 – Exact duplicate claim/service.

Issues

1. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking additional reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating, including multiple impairments and incorporation of specialist testing.

The submitted documentation supports that Dr. Khalifa performed an evaluation of MMI 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. Khalifa performed impairment rating evaluations of the left upper extremity and bilateral lower extremities with range of motion testing, the spine, head, pituitary, and maxillary sinus.

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 rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Left Upper Extremity (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Bilateral Lower Extremities (ROM)		Lower Extremities	\$150.00
IR: Spine (DRE)		Spine and Pelvis	\$150.00
IR: Head Injury	Nervous System	Body Systems	\$150.00
IR: Pituitary	Endocrine System		\$150.00
IR: Maxillary Sinus	Ear,Nose,Throat,Related		\$150.00
Total MMI			\$350.00
Total IR			\$1,050.00
Total Exam			\$1,400.00

Dr. Khalifa is seeking \$0.00 for procedure codes 99456-MI and 99456-SP. Therefore, these services will not be considered.

The total allowable reimbursement for the examination in question is \$1,400.00. Per submitted explanation of benefits dated January 5, 2023, the insurance carrier paid \$1,100.00. An additional 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 requestor 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 additional reimbursement for the disputed services. It is ordered that ZNAT Insurance Company must remit to Ahmed Khalifa, M.D. \$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 electrónico CompConnection@tdi.texas.gov.