



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Travelers Indemnity Co.

MFDR Tracking Number

M4-23-1704-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 7, 2022	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$0.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION

Amount in Dispute: \$150.00

Respondent's Position

The Carrier has reviewed the reimbursement calculation and contends the Provider has been correctly reimbursed. The Provider performed the MMI evaluation (\$350) and assigned the impairment rating based on range-of-motion evaluation of the left and right lower extremities (\$300). The left and right lower extremities constitute a single musculoskeletal body area, per Rule 134.250(4)(C), for calculation of the reimbursement. As the Provider has been reimbursed \$650.00 for the MMI exam and ROM impairment assessment of the lower extremities, they are

not entitled to the additional reimbursement sought.

Response Submitted by: Travelers

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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 947 – Upheld, no additional allowance has been recommended.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What services are reviewed in this dispute?
2. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury.

He is seeking \$0.00 for the evaluation of extent of injury and the required calculation of multiple impairment ratings. Therefore, these services will not be reviewed in this dispute. The examination to determine maximum medical improvement and impairment rating will be considered in this review.

2. The submitted documentation supports that Dr. Khalifa 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 Dr. Khalifa performed impairment rating evaluations of the right and left legs with range of motion testing. 28 TAC §134.250 (4)(C)(i) defines musculoskeletal body areas as follows:

- Spine and pelvis
- Upper extremities and hands; and
- Lower extremities (including feet).

28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The insurance carrier argued that “The left and right lower extremities constitute a single musculoskeletal body area, per Rule 134.250(4)(C), for calculation of the reimbursement.” DWC agrees. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated January 13, 2023, the insurance carrier paid this amount. No further 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 18, 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.