



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ahmed Khalifa, M.D.

**Respondent Name**

Benchmark Insurance Co.

**MFDR Tracking Number**

M4-23-1721-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

March 16, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17, 2022	Designated Doctor Examination 99456-W5-NM	\$0.00	\$0.00
	Designated Doctor Examination 99456-SP	\$50.00	\$0.00
<b>Total</b>		\$50.00	\$0.00

### Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION

**Amount in Dispute:** \$50.00

### Respondent's Position

In this case, the examining doctor (Requestor) did not assign an IR; therefore, the specialist's report was not incorporated into the assignment of an IR, and reimbursement is not owed per this specific rule.

**Response Submitted by:** Downs-Stanford, PC

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

- 600 – Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
- 5624 – Internal Use Only
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. 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, incorporating a specialist's report. Dr. Khalifa is seeking \$0.00 for the examination to determine maximum medical improvement. Therefore, this service will not be reviewed in this dispute.

28 TAC §134.250 (4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating for non-musculoskeletal body areas. Per the submitted report, Dr. Khalifa determined that the injured employee was not at maximum medical improvement; therefore, no impairment rating was calculated.

Because Dr. Khalifa did not meet the requirements of 28 TAC §134.250 (4)(D)(iii), he is not entitled to reimbursement for the service in question.

### 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 9, 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).