



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ahmed Khalifa, M.D.

**Respondent Name**

Safety National Casualty Corp.

**MFDR Tracking Number**

M4-23-1726-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 16, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 7, 2022	Designated Doctor Examination 99456-W5-WP	\$450.00	\$450.00

### Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION

**Amount in Dispute:** \$450.00

### 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 21, 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 State Fee Schedule Adj.
- Notes: "For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. No testing or rating occurred for musculoskeletal contusions."
- B13 – Payment for service may have been previously paid

### 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 and impairment rating performed on December 7, 2022.

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 upper extremities and lower extremities with range of motion testing, the lumbar spine using the DRE method, the nose, chest, left ribs, and abdomen.

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 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.

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.

The total MAR for the determination of impairment rating is \$1,050.00.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Bilateral Upper Extremities (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Bilateral Knees (ROM)		Lower Extremities	\$150.00
IR: Lumbar Spine (DRE)		Spine and Pelvis	\$150.00
IR: Nose	ENT, and Related	Body Systems	\$150.00
IR: Chest	Respiratory System	Body Systems	\$150.00
IR: Left Ribs			
IR: Abdomen	Digestive System	Body Systems	\$150.00
<b>Total MMI</b>			<b>\$350.00</b>
<b>Total IR</b>			<b>\$1,050.00</b>
<b>Total Exam</b>			<b>\$1,400.00</b>

The total allowable reimbursement for the examination in question is \$1,400.00. Per explanation of benefits dated January 10, 2023, the insurance carrier paid \$950.00. An additional payment of \$450.00 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 requester has established that additional reimbursement of \$450.00 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 Ahmed Khalifa, M.D. must remit to Safety National Casualty Corp. \$450.00 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 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).