



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Tom McMurray, M.D.

**Respondent Name**

AIG Property Casualty Co.

**MFDR Tracking Number**

M4-23-1901-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 3, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 2, 2022	Designated Doctor Examination 99456-W5-26 and 99456-W5-TC	\$520.00	\$170.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Desisgnated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-MI	\$0.00	\$0.00
	Designated Doctor Examination 99080-73	\$0.00	\$0.00
<b>Total</b>		<b>\$520.00</b>	<b>\$170.00</b>

### Requestor's Position

"This request was made in the form and manner prescribed by the Division ... We seek full reimbursement for the outstanding balance of \$170.00 ..."

**Amount in Dispute:** \$520.00

### Respondent's Position

The Austin carrier representative for AIG Property Casualty Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 11, 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §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:

- 1 (P12) – Workers' compensation jurisdictional fee schedule adjustment
- 2 – The charge for the procedure exceeds the amount indicated in the fee schedule.
- 18 – Duplicate claim/service
- 95 – Plan procedures not followed.

### Issues

1. What are the services considered in this dispute?
2. Is AIG Property Casualty Co.'s denial of payment supported?
3. Is Tom McMurray, M.D. entitled to additional reimbursement?

### Findings

1. Dr. McMurray is seeking reimbursement for a designated doctor examination that includes the following services:
  - An examination to determine maximum medical improvement and impairment rating,

- An examination to determine the extent of the compensable injury,
- An examination to determine if disability was related to the compensable injury,
- An examination to determine the injured employee's ability to return to work,
- Multiple impairment rating calculations, and
- A work status report.

Dr. McMurray is seeking a total of \$520.00 for the examination to determine maximum medical improvement and impairment rating. He is seeking \$0.00 for the other listed services. Therefore, the only service considered in this dispute is the examination to determine maximum medical improvement and impairment rating.

2. The insurance carrier denied the service, in part, stating that it was a duplicate claim or service. No evidence was provided to support this claim.

The insurance carrier also denied the service stating that plan procedures were not followed. AIG Property Casualty Co. failed to demonstrate what procedures were not followed. Therefore, this denial reason is not supported.

3. Because the insurance carrier failed to support its denials of payment, DWC will review the service in question for payment.

The submitted documentation supports that Dr. McMurray performed an evaluation of maximum medical improvement as ordered by the DWC presiding officer. 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. McMurray performed an impairment rating evaluations of the right shoulder with range of motion testin]. 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 total allowable for the service in question is \$650.00. The insurance carrier paid \$480.00. An additional reimbursement of \$170.00 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 \$170.00 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that AIG Property Casualty Co. must remit to Tom McMurray, M.D. \$170.00 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

June 7, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).