



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Keith Louden, M.D.

Respondent Name

Texas Council Risk Management Fund

MFDR Tracking Number

M4-23-2333-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

May 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 13, 2022	Designated Doctor Examination 99456-W5-WP	\$1,100.00	\$800.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$50.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
Total		\$1,650.00	\$1,350.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,650.00

Respondent's Position

The Austin carrier representative for Texas Council Risk Management is JI Specialty Services, Inc. The representative was notified of this medical fee dispute on May 23, 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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §127.10, effective September 1, 2012](#), sets out the procedures for designated doctor examinations.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Did Texas Council Risk Management take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Keith Louden, M.D. entitled to additional reimbursement?

Findings

1. Dr. Louden is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury. Dr. Louden argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240 (a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the

services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to provide any defense of non-payment for the examination in question, Dr. Louden is entitled to reimbursement.

The submitted documentation supports that Dr. Louden performed an evaluation of maximum medical improvement (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. Louden performed impairment rating evaluations of a concussion, seizures, teeth/fracture of maxilla, mouth ulcers, and hypertension/heart murmur. The rule at 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. Per 28 TAC §134.250(4)(D)(v), the MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

Per 28 TAC §127.10(d), effective September 1, 2012, DWC requires a designated doctor who is ordered to address MMI, impairment rating, and the extent of the compensable injury in a single examination to provide multiple certifications of MMI and impairment ratings that consider each reasonable outcome for the extent of the compensable injury.

The submitted documentation indicates that Dr. Louden was ordered to address MMI, impairment rating, and the extent of injury of the compensable injury. The evidence submitted supports that these evaluations were performed, and one additional impairment rating calculation was provided.

According to 28 TAC §134.250(4)(B), when multiple impairment ratings are required as a component of a designated doctor examination, the doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

The submitted documentation indicates that Louden performed an examination to determine the extent of the compensable injury as ordered by DWC. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The MAR is calculated as follows:

Examination	AMA Chapter	§134.250 Category	Applicable 28 TAC Rule	Reimbursement Amount
Maximum Medical Improvement			134.250 (3)(C)	\$350.00
IR: Concussion	Nervous System	Body Systems	134.250 (4)(D)(v)	\$150.00
IR: Seizures				
IR: Teeth/Maxilla	Ear, Nose, Throat, Related Structures	Body Structures	134.250 (4)(D)(v)	\$150.00
IR: Mouth Ulcers				
IR: Hypertension/Heart Murmur	Cardiovascular	Body Systems	134.250 (4)(D)(v)	\$150.00
Total MMI				\$350.00
Total IR				\$450.00
Multiple Impairment Ratings			134.250 (4)(B)	\$50.00
Extent of Injury			134.235	\$500.00
Total Exam				\$1,350.00

The total allowable reimbursement is \$1,350.00. This amount 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 \$1,350.00 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 Texas Council Risk Management must remit to Keith Loudon, M.D. \$1,350.00 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

July 21, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.