



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Juan Quiroz, M.D.

Respondent Name

Starr Specialty Insurance Co.

MFDR Tracking Number

M4-23-2357-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2022	Designated Doctor Examination 99456-W5-WP	\$300.00	\$0.00

Requestor's Position

“
 MMI = 350.00
 LE (ROM) = 300.00
 Chapter 10 (hernias) = 150.00
 Total = 800.00”

Amount in Dispute: \$300.00

Respondent's Position

“Dr. Quiroz’s examination was to assess maximum medical improvement and assign an impairment rating for an (redacted). As referenced on the DWC69 and medical narrative, the condition evaluated was an (redacted)... the Medical Fee Guidelines provide that the charge for an (redacted) evaluation is \$500.00, which was paid to the doctor ... In his Request for Reconsideration, Dr. Quiroz provided a breakdown of his \$800.00 bill which included a \$300.00 charge for a range of motion evaluation ... According to the AMA Guides to the Evaluation of Permanent Impairment, range of motion is not considered for an (redacted)

evaluation.”

Response Submitted by: Thornton Biechlin Reynolds & Guerra

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:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 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.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Juan Quiroz, M.D. entitled to additional reimbursement?

Findings

1. Dr. Quiroz is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Quiroz 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.

Per the report submitted by Dr. Quiroz, “After review of the medical records and my certifying examination, my assessment is: 1. (Redacted),” with the certification based on “Table 7, on page 10/247.” On the Report of Medical Evaluation (DWC069), Dr. Quiroz listed only

ICD10 code (redacted), which is defined as (redacted).

28 TAC §134.250(4) and (5) address the fees for the calculation of an impairment rating for non-musculoskeletal body areas.

- “(4) The following applies for billing and reimbursement of an IR evaluation.
- (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form.
 - (D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and
 - (III) mental and behavioral disorders.
 - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides ...
 - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.
- (5) If the examination for the determination of MMI and/or the assignment of IR requires testing that is not outlined in the AMA Guides, the appropriate CPT code(s) shall be billed and reimbursed in addition to the fees outlined in paragraphs (3) and (4) of this section.”

DWC finds that Dr. Quiroz is entitled to \$150.00 for the assessment of impairment rating.

The total allowable reimbursement for the examination in question is \$500.00. This amount was paid by the insurance carrier. No additional 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

June 23, 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.