

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Richard Lawrence, M.D.

**Respondent Name**

American Casualty Co of Reading PA

**MFDR Tracking Number**

M4-23-2480-01

**Carrier's Austin Representative**

Box Number 57

**DWC Date Received**

May 26, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2023	Designated Doctor Examination 99456-W5-WP	\$950.00	\$150.00
	Multiple Impairment Ratings 99456-W5-MI	\$100.00	\$0.00
	Designated Doctor Examined 99456-W6-RE	\$500.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$250.00	\$0.00
<b>Total</b>		<b>\$1,800.00</b>	<b>\$150.00</b>

### Requestor's Position

Initial Statement: "NO RESPONSE FROM CARRIER"

Subsequent Statement: "I currently show that this invoice still has a remaining balance of \$150 on this invoice."

**Amount in Dispute**: \$1,800.00

### Respondent's Position

Initial Statement: "Regarding CPT codes 99456 which was billed for Date of Service January 16,

2023, Carrier has forwarded this to our bill review vendor, Conduent, to be re-audited. As a result of this review, Carrier is in the process of forwarding payment to the HCP.”

Subsequent Statement: “URA indicated the following as MAR/Allowable:

99456-W5-WP: \$800: 2 body areas testing: upper extremity including left and right shoulder and spine.

99456-W5-MI: \$100

99456-W6-RE: \$500

99456-W8-RE: \$250

Total \$1650.00”

**Response Submitted by:** Law Office of Brian J. Judis

## 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 medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine extent of the compensable injury and ability to return to work.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
5. [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 reduction or denial of payment for the disputed services.

### Issues

1. Did American Casualty Co of Reading PA take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Richard Lawrence, M.D. entitled to additional reimbursement?

## Findings

1. Richard Lawrence, M.D. is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, extent of the compensable injury, and ability to return to work.

Dr. Lawrence argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question. The Law Office of Brian J. Judis, on behalf of American Casualty Co of Reading PA, did not maintain its denial but failed to provide evidence of payment. Per Dr. Lawrence, there is a "remaining balance of \$150."

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 no evidence was provided to support the payment for the services in question, DWC will review the billed services for reimbursement.

The submitted documentation supports that Dr. Lawrence 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. Lawrence performed impairment rating evaluations of the upper extremities and spine with range of motion testing, hypertension, and diabetes. 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 subsequent musculoskeletal body areas is \$150.00 each.

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.

Dr. Lawrence billed for three units for evaluation of impairment rating. DWC finds that Dr. Lawrence is entitled to three units. The total MAR for the determination of impairment rating is \$600.00.

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 injury.

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. Dr. Lawrence billed for two additional impairment rating calculations.

The submitted documentation indicates that Dr. Lawrence performed examinations to determine the extent of the compensable injury and ability to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240(2).

Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%.

For this dispute, the MAR for the examination to determine the extent of the compensable injury is \$500.00. The examination to determine the ability to return to work is \$250.00.

The total allowable for the examination in question is \$1,800.00. Per emails dated July 27, 2023, and August 2, 2023, the insurance carrier paid \$1,650.00 with a balance of \$150.00 remaining in dispute. DWC finds that Dr. Lawrence is entitled to \$150.00. 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 \$150.00 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 American Casualty Co of Reading PA must remit to Richard Lawrence, M.D. \$150.00 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

September 8, 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).