



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-2490-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 29, 2022	Designated Doctor Examination 99456-W8-RE	\$500.00	\$500.00
	Return to Work Report 99080-73	\$15.00	\$0.00
Total		\$515.00	\$500.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Amount in Dispute: \$515.00

Respondent's Position

"Texas Mutual on 4/10/2023 received the bill from Genesis Medical Management ... Texas Mutual has reviewed the DWC-60 submitted by AHMED KHALIFA MD. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
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 ability to return to work.
4. [28 TAC §134.239](#) addresses Work Status Reports when provided in accordance with a designated doctor examination.

Denial Reasons

The insurance carrier denied payment for the disputed services with the following claim adjustment codes:

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.

Issues

1. Is Texas Mutual Insurance Company's denial based on timely filing supported?
2. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking reimbursement for a designated doctor examination to determine the ability of the injured employee to return to work. The insurance carrier denied payment based on timely filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Khalifa submitted the bill for the examination in question to the insurance carrier on or about July 11, 2022. This is less

than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

2. Because Texas Mutual Insurance Company failed to support its denial of payment, Dr. Khalifa is entitled to reimbursement.

The submitted documentation indicates that Dr. Khalifa performed an examination to determine the ability of the injured employee to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination.

The total allowable reimbursement is \$500.00. 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 reimbursement of \$500.00 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 Mutual Insurance Company must remit to Ahmed Khalifa, M.D. \$500.00 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.