



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Duane Vincent, D.C.

Respondent Name

Arch Indemnity Insurance

MFDR Tracking Number

M4-23-2581-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2022	Designated Doctor Examination 99456-W5-WP	\$350.00	\$350.00
	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
Total		\$1,000.00	\$1,000.00

Requestor's Position

"I have attached the CMS1500, EOB, OA32, the supporting documentation for the date of service and a copy of the doctor's W9 form.

"Texas Labor Code §408.0041 requires insurance carrier to reimburse designated doctors for examinations ordered by the Commissioner of Workers' Compensation."

Amount in Dispute: \$1,000.00

Respondent's Position

The Austin carrier representative for Arch Indemnity Insurance is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 13, 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 \(TAC\) §133.10](#) sets out the procedures for a complete 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 the extent of a compensable injury.
4. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 16 – Claim/service lacks information which is needed for adjudication. Add'l info is supplied using remittance advise remarks codes whenever appropriate.
- W9 – FEN is not processing

Issues

1. Is Arch Indemnity Insurance's denial based on lack of information supported?
2. Is Duane Vincent, D.C. entitled to additional reimbursement?

Findings

1. Dr. Vincent is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury. The insurance carrier denied the services in question stating that the "Claim/service lacks information which is needed for adjudication. Add'l info is supplied using remittance advise remarks codes whenever appropriate." The insurance carrier also included denial code W9,

"FEN is not processing."

Billing requirements are found in 28 TAC §133.10. DWC found no billing errors or information missing on the submitted documentation. The insurance carrier failed to support its denial of payment.

2. Because the insurance carrier failed to support its denial of payment for the services in question, DWC finds Dr. Vincent is entitled to reimbursement.

The submitted documentation supports that Dr. Vincent 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.

Review of the submitted documentation finds that Dr. Vincent performed impairment rating evaluations of the lumbar spine. 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 a musculoskeletal body area determined using the DRE method is \$150.00.

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

The total allowable reimbursement for the services in question is \$1,000.00. 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 \$1,000.00 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 Arch Indemnity Insurance must remit to Duane Vincent, D.C. \$1,000.00 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

August 16, 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 electronico CompConnection@tdi.texas.gov.