



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Hopkins, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-2733-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 28, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$650.00	\$650.00

Requestor's Position

Initial Statement: "We did all we could to resolve this dispute with the insurance carrier. We did the exam and service in good faith to resolve the dispute for TDI/DWC IR."

Subsequent Statement dated July 12, 2023: "This case was referred to us by the work comp office of injured employee Counsel to resolve the issue without bias ... The Coventry network told us we are part of all listed networks including TM."

Subsequent Statement dated October 4, 2023: "The office of injured employee counsel needed nonbiased opinion from someone not part of Texas Mutual Doctors doctor list ... Our Job was to evaluate this case and give non conflict of interest opinion to resolve the dispute."

Amount in Dispute: \$650.00

Respondent's Position

"Texas Mutual claim ... is in the WorkWell, TX network. Texas Mutual reviewed its online network provider directory for the requestor's name and tax identification number, and found no evidence JOHN HOPKINS DC DACAN is a network participant.

"Texas Mutual has no evidence the requestor, a non-network provider, received out-of-network approval to provide the service or treatment. In addition, the requestor has not provided any evidence in its DWC-60 packet ... JOHN HOPKINS DC DACAN was a physician selected by the treating doctor, who has not previously treated the patient. Additionally, the physician is not the designated doctor. Therefore, the network requirements apply per Insurance Code 1305.103(e)."

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 \(TAC\) §133.307](#) 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 denied the payment for the disputed services with the following claim adjustment codes:

- CAC-18 – Exact duplicate claim/service
- 224 – duplicate charge

Issues

1. Did the insurance carrier raise a new defense in its response?
2. Is Texas Mutual Insurance Company's denial based on duplicate claim or service supported?
3. Is John Hopkins, D.C. entitled to reimbursement for the examination in question?

Findings

1. In its position statement, Texas Mutual Insurance Company argued that "Texas Mutual has no evidence the requestor, a non-network provider, received out-of-network approval to provide the service or treatment."

The response from the insurance carrier is required by 28 TAC §133.307(d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on network status was provided to Dr. Hopkins before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

2. Texas Mutual Insurance Company denied payment for the services in question based on duplicate claim or service. The insurance carrier provided no evidence that this claim or service was a duplicate. The DWC finds that this denial reason is not supported.
3. Because the insurance carrier failed to support its denial of payment for the services in question, the DWC finds that Dr. Hopkins is entitled to reimbursement.

The submitted documentation supports that Dr. Hopkins performed an evaluation of maximum medical improvement. 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. Hopkins performed impairment rating evaluations of lower extremities with range of motion testing. 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 total allowable reimbursement for the services in question is \$650.00. 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 \$650.00 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 John Hopkins, D.C. \$650.00 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

November 3, 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.