

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

J.S. Harris, DC

Respondent Name

Travelers Indemnity Co., of America

MFDR Tracking Number

M4-23-2776-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

June 30, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 12, 2022	99358	\$150.00	\$0.00
October 12, 2022	99359	\$200.00	\$0.00
Total		\$350.00	\$0.00

Requestor's Position

"Along with the notice of the injured employee's failure to attend the designated doctor evaluation, a claim form was submitted to the insurance carrier for the required records review by the designated doctor prior to the date of the evaluation. Rule 127.10(b) requires the designated doctor to review all medical records prior to any evaluation being conducted. In fact, if these records are not received in a timely fashion for proper review, the examination shall be cancelled and reported to the Division. The bill and documentation of the records review and proper documentation thereof were submitted to the insurance carrier for processing... We are asking for reimbursement for the records review required of the designated doctor prior to the evaluation that the injured employee failed to attend. The insurance carrier has now twice denied our claims and for two different reasons. Both denials are in error and the claim should have been processed."

Supplemental Response dated August 23, 2023

"They only paid \$300.09 and have a remaining balance with us of \$49.91. We received two checks so far: \$287.32 and \$12.77. Therefore, we will continue with the dispute resolution process unless we receive additional monies clearing the balance."

Amount in Dispute: \$350.00

Respondent's Position

"With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement. The Carrier, therefore, respectfully requests the Provider withdraw this Request for Medical Fee Dispute Resolution upon receipt of the reimbursement, or in the alternative, that the Division determine no additional reimbursement is due for this service."

Response submitted by: Travelers

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.250](#) sets out the maximum medical improvement evaluation and impairment rating examination reimbursement.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 152 – Payer deems the information submitted does not support this length of service.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- W3 – Bill is a reconsideration or appeal.
- 18 – Exact duplicate claim/service.

Issues

1. Does applicable DWC Rule allow reimbursement?

Findings

1. The requestor is seeking reimbursement for date of service October 12, 2022 for the following codes.

- 99358 – Prolonged evaluation and management service before and/or after direct patient care, first hour.
- 99359 – Prolonged evaluation and management service before and/or after direct patient care, each additional 30 minutes.

Review of the “Pre-DDE Clinical Records Review” indicates the following timeline.

- May 5, 2022 orthopedic consultation with Christopher Hopkins, M.D.
- May 12, 2022 patient transitioned from cast to brace.
- June 1, 2022 patient limited at work to five pounds lifting/carrying for 8-10 hours per day.
- June 29, 2022 patient at full duty with x-rays demonstrating well-healed fracture.
- August 10, 2022 patient allowed to return to normal activity.

DWC Rule 28 TAC §134.250 (1)(C) states in pertinent part, “The total maximum allowable reimbursement (MAR) for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluation for the assignment of an IR. The MMI/IR examination shall include review of the records and films.

Based on the submitted documentation, the Division finds that reimbursement for just the review of the records is inclusive to the examination. Insufficient evidence was found to support an examination was rendered. No additional payment 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 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

November 7, 2023

Date

Signature

Medical Fee Dispute Resolution Officer

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 3, 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 3 o correo electrónico CompConnection@tdi.texas.gov.