



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John D. Kirkwood, D.O.

Respondent Name

AIU Insurance Co.

MFDR Tracking Number

M4-23-2829-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2023	Required Medical Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-RE	\$150.00	\$0.00
	Examination to Determine the Extent of Injury – 99456-RE-W6	\$0.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

“On May 25, 2023, Dr. John Kirkwood D.O., performed the MMI/IR examination with Extent on [the injured employee], and billed Sedgwick in the amount of \$1,000.00.”

Amount in Dispute: \$150.00

Respondent's Position

“The provider engaged in an MMI examination and an extent of injury examination. He billed \$500.00 for each exam. He was entitled to \$500.00 for the extent of injury exam and was paid that amount. Under the MMI exam, he was paid \$350.00. He is seeking an additional \$150.00 ... Please note that an impairment rating was not assigned because the provider opined that the claimant had not reached MMI.”

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 reduced the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- OA – Other Adjustment.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 947 – Upheld. No additional allowance has been recommended.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.
- MA46 Alert: The new information was considered but additional payment will not

Issues

1. What are the services considered in this dispute?
2. Is John D. Kirkwood, D.O. entitled to additional reimbursement?

Findings

1. Dr. Kirkwood is seeking additional reimbursement for an examination to determine maximum medical improvement and the extent of the compensable injury. Dr. Kirkwood is seeking \$0.00 for the examination to determine the extent of the compensable injury. Therefore, this

examination will not be considered in this dispute. The examination to determine maximum medical improvement will be reviewed for reimbursement.

2. The submitted documentation supports that Dr. Kirkwood performed an evaluation of maximum medical improvement (MMI). Dr. Kirkwood found that the injured employee was not at MMI. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement for this examination is \$350.00. Because the injured employee was found not to be at MMI, no impairment rating was determined. No additional reimbursement can be 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 not established that additional 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

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. 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.