



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Liberty Insurance Corp.

MFDR Tracking Number

M4-23-3025-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

August 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2022	RME Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$0.00	\$0.00
	RME Examination to Determine the Extent of the Compensable Injury – 99456-RE	\$500.00	\$500.00
	Multiple Impairment Ratings 99456-MI	\$0.00	\$0.00
Total		\$500.00	\$500.00

Requestor's Position

“POST DESIGNATED DOCTOR EXAM INCORRECT REDUCTION”

Amount in Dispute: \$500.00

Respondent's Position

“We have again reviewed payment for the services of November 9, 2002, by Dr. Ahmed Khalifa and determined that reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. No additional payment is due as the provider did not bill with the needed Modifier per TX Rule 134.204(i)”

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 §134.235](#) sets out the fee guidelines for examinations to determine the extent of a compensable injury.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 4891 – UCR amount is equal to the charge.
- 296 – Service exceeds maximum reimbursement guidelines.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What services are reviewed in this dispute?
2. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking additional reimbursement for an examination to determine maximum medical improvement, impairment rating with multiple impairment calculations, and the extent of the compensable injury as requested by the insurance carrier. Dr. Khalifa is seeking \$0.00 for the evaluations of maximum medical improvement, impairment rating, and multiple impairment calculations. Therefore, these services will not be considered in this dispute.

Dr. Khalifa is seeking \$500.00 for the evaluation of extent of injury. This service is considered in this review.

2. Reimbursement for examinations to determine the extent of a compensable injury is subject to 28 TAC §134.235, which states in relevant part, "... When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.' In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports ..."

The insurance carrier argued that "the provider did not bill with the needed Modifier."

28 TAC §134.240 is limited to designated doctor examinations, which are defined in 28 TAC §180.22(h): "The designated doctor is a doctor assigned by the division to recommend a resolution of a dispute as to the medical condition of an injured employee. At the request of an insurance carrier or an injured employee, or on the commissioner's own order, the commissioner may order a medical examination by a designated doctor in accordance with Labor Code §408.0041 and §408.1225 ..."

Because the examination in question is not performed as a designated doctor examination, the modifiers in 28 TAC §134.240 are not applicable. DWC finds that Dr. Khalifa is entitled to reimbursement for the examination considered in this dispute. Reimbursement of \$500.00 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 \$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 Liberty Insurance Corp., 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

September 22, 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.