



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Evan Willian, D.C.

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-23-3203-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 16, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 26, 2022	Designated Doctor Examination 99456-W5-WP; 99456-W8-RE	\$150.00	\$150.00
<b>Total</b>		150.00	\$150.00

### Requestor's Position

"Please note that the bill amount of \$500 includes reimbursement for maximum medical improvement and assigning an impairment rating (\$350 plus \$150 for spine impairment rating) ...

- W5 WP: \$350 FOR MMI PLUS \$150 FOR IMPAIRMENT RATING OF ONE BODY AREA (SEE ATTACHED FEE GUIDELINES) FOR TOTAL OF \$500
  - LUMBAR SPINE – DRE METHOD: \$150
- W8 RE: \$500 FOR RETURN TO WORK (FIRST NON-MMI/IR QUESTION)
- TOTAL BILLED AMOUNT: \$1,000"

**Amount in Dispute:** \$150.00

### Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on August 22, 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine ability to return to work.
3. [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:

- BT100 – Unless otherwise specified, services have been reviewed to the State Fee Schedule.
- TXP12 – Workers compensation jurisdictional fee schedule adjustment.
- BT120 – This service is a duplicate charge and was previously reviewed.
- TXB13 – Previously paid. Payment for this claim/service may have been provide in a previous payment.
- TX193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Is Evan Willian, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Willian is seeking additional reimbursement for a designated doctor examination performed on October 26, 2022.

The submitted documentation supports that Dr. Willian performed an evaluation of maximum

medical improvement as ordered by the 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. Willian assigned an impairment rating for the lumbar spine using the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition. 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. Willian performed an examination to determine the ability of the injured employee to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

DWC finds that the total allowable reimbursement for the examination in question is \$1,000.00. Per the documentation submitted, insurance carrier paid \$850.00. An additional reimbursement of \$150.00 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 \$150.00 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that American Zurich Insurance Co. must remit to Evan Willian, D.C. \$150.00 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

December 15, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).