



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Leonard, M.D.

Respondent Name

FCCI Insurance Co.

MFDR Tracking Number

M4-23-3239-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 2, 2023	Designated Doctor Examination 99456-W5-WP	\$300.00	\$300.00
	Specialist Report 99456-SP	\$0.00	\$0.00
Total		\$300.00	\$300.00

Requestor's Position

"DESIGNATED DOCTOR REFERRED TESTING INCORRECT REDUCTION"

Amount in Dispute: \$300.00

Respondent's Position

The insurance carrier was notified of this medical fee dispute on August 29, 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 §134.250](#) 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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What are the services considered in this dispute?
2. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard submitted a request for reimbursement that included an examination to determine maximum medical improvement, impairment rating, and incorporating a specialist report. Dr. Leonard is seeking \$0.00 for incorporating a specialist report. Therefore, the DWC will not consider this service in this dispute.

The DWC will review the examination to determine maximum medical improvement and impairment rating for this dispute.

2. The submitted documentation supports that Dr. Leonard performed an evaluation of maximum medical improvement (MMI) 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. Leonard performed impairment rating evaluations of the right shoulder, right hand, left hand, and left knee with range of motion testing. Dr. Leonard also performed impairment rating evaluations for the cervical spine, traumatic brain injury, concussion, headaches, and dizziness.

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 MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The DWC calculates the maximum allowable reimbursement as follows:

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Right Shoulder (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Right Hand Sprain (ROM)			
IR: Left Hand Sprain (ROM)		Lower Extremities	\$150.00
IR Left Knee Sprain (ROM)			
IR: Cervical Sprain (DRE)		Spine and Pelvis	\$150.00
IR: Traumatic Brain Injury	Emotional & Behavioral	Body Systems	\$150.00
IR: Concussion	Nervous System	Body Systems	\$150.00
IR: Headaches			
IR: Dizziness/Vestibular Issues			
Total MMI			\$350.00
Total IR			\$900.00
Total Exam			\$1,250.00

The total allowable reimbursement for the services in question is \$1,250.00. The insurance carrier paid \$950.00. An additional reimbursement of \$300.00 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 \$300.00 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 FCCI Insurance Co. must remit to Michael Leonard, M.D. \$300.00 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 21, 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.