



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Stephanie Janiak, D.C.

**Respondent Name**

ABF Freight System, Inc.

**MFDR Tracking Number**

M4-23-3245-01

**Carrier's Austin Representative**

Box Number 31

**DWC Date Received**

August 22, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 15, 2023	99456-W5-WP	\$300.00	\$300.00
	<b>Total</b>	\$300.00	\$300.00

### Requestor's Position

Excerpt from reconsideration request email dated August 3, 2023:

"I received a denial for payment with the reason stated: Thur, Jul 13, 2023 16:23 PM[tburns] deny-MMI 5/18/2023. I can't find the billing error, the report and th[sic] 69 both state MMI was determined to be 5/18/2023. Yet it appears you instructed billing to deny it. Please reprocess it for payment or explain the error..."

**Amount in Dispute:** \$300.00

### Respondent's Position

The Austin carrier representative for ABF Freight Systems, Inc is Silvera Law. The representative 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.

**Response submitted by:** N/A

## 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 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 rules apply to the service in dispute?
2. Is the requestor entitled to additional reimbursement?

### Findings

1. This medical fee dispute involves an examination by a designated doctor for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide an impairment rating (IR) if MMI has been reached.  
  
28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating. In pertinent part, 28 TAC §134.250 states, "(3) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350.  
(4) The following applies for billing and reimbursement of an IR evaluation. (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the unit's column of the billing form... (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.  
  
(i) Musculoskeletal body areas are defined as follows:  
(l) spine and pelvis;

(II) upper extremities and hands; and

(III) lower extremities (including feet).

(ii) The maximum allowable reimbursement (MAR) for musculoskeletal body areas shall be as follows:

(I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.

(II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.

(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR."

2. The requestor is seeking additional reimbursement in the amount of \$300.00 for a designated doctor examination of an injured employee rendered on June 15, 2023.

The submitted documentation indicates that the designated doctor was asked to address maximum medical improvement (MMI) and impairment rating (IR). A review of the submitted medical record and report finds that on the disputed date of service the designated doctor documented and appropriately billed for a MMI evaluation and an impairment rating.

- The explanation of benefits (EOB) submitted indicates that the insurance carrier reimbursed the designated doctor for the service of the MMI in the amount of \$350.00, as required by 28 TAC §134.250.
- Per EOBs submitted, DWC finds that the insurance carrier has issued \$0.00 reimbursement for the service of the impairment rating (IR) as of the date of this review.
- A review of the medical record submitted finds that to establish the impairment rating, the designated doctor performed a full physical evaluation on one musculoskeletal body area with a range of motion measurements.
- Therefore, in accordance with 28 TAC §134.250 (4)(C), DWC finds that the MAR for the impairment rating evaluation in dispute is \$300.00.
- In accordance with 28 TAC §134.250, the total MAR for the designated doctor examination in dispute is \$650.00 because the examination addresses MMI and IR of one musculoskeletal body area.
- The insurance carrier paid \$350.00.
- Therefore, DWC finds that the requestor is entitled to additional reimbursement in the amount of \$300.00 for the disputed services rendered on June 15, 2023.

## 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 in the amount 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 rendered on June 15, 2023. It is ordered that the Respondent, ABF Freight System, Inc., must remit to the Requestor, Stephanie Janiak, D.C., \$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 28, 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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).