



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Karn Bales, D.O.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-24-0222-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 17, 2023	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-WP	\$300.00	\$300.00
	Designated Doctor Examination 99456-W5-WP-MI	\$50.00	\$50.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
Total		\$350.00	\$350.00

Requestor's Position

"As this was a Designated Doctor Exam, mandated by the Texas Division of Insurance, Division of Workers Compensation, Sedgwick is liable for the claim. The breakdown of the \$1200 is as follows: \$350 for the determination of MMI, \$300 for the calculation of Impairment Rating for two body parts (cervical and head), \$500 for extent of injury, and \$50 for the additional scenario calculation of IR. This is in accordance with the TDI DWC fee schedule."

Amount in Dispute: \$350.00

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 October 11, 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 §127.10](#) sets out the requirements for designated doctor examinations.
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.
- BT975 – No additional allowance is recommended
- TX193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What services are considered in this dispute?
2. Is Karrn Bales, D.O. entitled to additional reimbursement?

Findings

1. Dr. Bales is seeking additional reimbursement for a designated doctor examination performed on May 17, 2023. Dr. Bales is seeking \$0.00 for the examination to determine maximum medical improvement and \$0.00 for the examination to determine the extent of the compensable injury. Therefore, these services will not be considered in this dispute. Dr. Bales is seeking reimbursement of \$300.00 for the examination to determine the impairment rating and \$50.00 for providing multiple impairments. These services will be considered in this dispute.

2. American Zurich Insurance Co. denied payment for the services in question based on fee guidelines.

Review of the submitted documentation finds that Dr. Bales performed impairment rating evaluations of a (redacted). 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. 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each. The total MAR for the determination of impairment rating is \$300.00. Per 28 TAC §127.10(d), effective September 1, 2012, DWC requires a designated doctor who is ordered to address maximum medical improvement (MMI), impairment rating, and the extent of the compensable injury in a single examination to provide multiple certifications of MMI. The evidence submitted supports that these evaluations were performed, and one additional impairment rating calculation was provided.

According to 28 TAC §134.250(4)(B), when multiple impairment ratings are required as a component of a designated doctor examination, the doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

The total allowable reimbursement for the services in dispute is \$350.00. DWC recommends this amount.

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 \$350.00 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 Karrn Bales, D.O. \$350.00 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 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.