



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Keith Louden, M.D.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-24-0261-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

October 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 24, 2023	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Range of Motion Testing 95851	\$52.50	\$51.65
Total		\$52.50	\$51.65

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$52.50

Respondent's Position

"Dr. Louden also billed two units of 95851 at \$41.10 each and was reimbursed at fee guideline for that CPT code (\$14.85 each unit) for the range of motion."

Response Submitted by: Texas Mutual Insurance Company

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 §134.203](#) sets out the fee guidelines for professional services.

Denial Reasons

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

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 724 – No additional payment after a reconsideration of services.

Issues

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

Findings

1. Dr. Louden submitted a request for medical fee dispute resolution in accordance with 28 TAC §133.307 for a designated doctor examination to determine the extent of the compensable injury and range of motion testing.

Dr. Louden is seeking \$0.00 for the examination to determine the extent of the compensable injury. Therefore this service will not be considered in this dispute.

Dr. Louden is seeking an additional reimbursement of \$52.50 for range of motion testing. These services will be considered in this dispute.

2. Reimbursement for professional services is found in 28 TAC §134.203, which states, in relevant part: "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any

additions or exceptions in the rules.”

Procedure code 95851 is defined as “Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).” Dr. Louden performed a range of motion measurements for the right and left wrists, two units.

To determine the maximum allowable reimbursement, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2023 is 64.83.
- The Medicare conversion factor for 2023 is 33.8872.
- Per the submitted medical bills, the service was rendered in zip code 76021 which is in Medicare locality 0441228.

The Medicare participating amount for CPT code 95851 is \$21.26 per unit. The MAR is calculated as follows: $(64.83/33.8872) \times \$21.26 = \40.67 per unit.

The total allowable reimbursement for two units is \$81.35. Per explanation of benefits dated April 4, 2023, the insurance carrier paid \$29.70 for these services. An additional reimbursement of \$51.65 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 \$51.65 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 Texas Mutual Insurance Co. must remit to Keith Louden, M.D. \$51.65 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 8, 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 electronico CompConnection@tdi.texas.gov.