



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral L. Endsley, D.O.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-0384-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 21, 2023	Designated Doctor Examination 99456-W5-WP	\$800.00	\$0.00

Requestor's Position

"We performed a designated doctor exam as requested by Texas Department of Insurance and have yet to be paid by the insurance carrier. I submitted the original bill on 9/1/23. I was denied by Zurich on 9/1/23 stating that 'the diagnosis is inconsistent with procedure' ... I submitted a 'corrected' bill on 9/21/23 with corrected diagnoses only to be denied by Zurich again as 'duplicate' billing."

Amount in Dispute: \$800.00

Respondent's Position

"The provider is seeking payment of \$800. The carrier has reprocessed the provider's bill and believes that the provider is entitled to \$650. A check was issued in that amount on November 2, 2023."

Response Submitted by: Flahive, Ogden & Latson

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

- 11 – The diagnosis is inconsistent with the procedure.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 18 – Exact duplicate claim/service.

Issues

1. Is Ferral L. Endsley, D.O. entitled to additional reimbursement?

Findings

1. Dr. Endsley submitted a request for medical fee dispute resolution in accordance with 28 TAC §133.307, seeking reimbursement of \$800.00 for a designated doctor examination performed on August 21, 2023. Per explanation of benefits dated October 27, 2023, the insurance carrier paid \$650.00. Dr. Endsley is requesting to move forward to resolve the continued dispute regarding the remaining \$150.00.

The submitted documentation supports the claim that Dr. Endsley 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. Endsley provided impairment rating evaluations of the (redacted) with range of motion testing, the (redacted), a (redacted), and (redacted). 28 TAC §134.250(4)(A) states that "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." Dr. Endsley indicated one unit in the unit's column of the billing form. Therefore, he is entitled to one unit for reimbursement.

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 total allowable reimbursement for the service in question is \$650.00. The insurance carrier paid this amount. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 26, 2024

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.