



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Daniel Schere, M.D.

Respondent Name

State Office Risk Management

MFDR Tracking Number

M4-24-0637-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

November 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 23, 2023	Designated Doctor Examination 99456-W5-NM	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-MI	\$50.00	\$0.00
	Incorporating Specialist Report 99456-SP	\$0.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"DEISGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$50.00

Respondent's Position

"The Office found that reimbursement for this exam was approved for \$1,200.00 and further found that reimbursement for 99456 WP/MI is not due as the 2 additional impairment rating

exams show the patient was not at MMI, therefore no impairment rating was to be calculated and therefore not is reimbursable.”

Response Submitted by: State Office of Risk Management

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 Daniel Schere, M.D. entitled to additional reimbursement?

Findings

1. Dr. Schere is seeking additional reimbursement for a designated doctor examination performed on February 23, 2023. Dr. Schere is seeking \$0.00 for the determination of maximum medical improvement, extent of injury, disability, and incorporation of specialists reports. Therefore, these services will not be considered in this dispute.

Dr. Schere is seeking additional reimbursement for providing multiple impairments. This service will be considered in this dispute.

2. The submitted documentation indicates that Dr. Schere was asked to address maximum medical improvement, impairment rating, and extent of injury. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250(4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

Documentation indicates that Dr. Schere found that the injured employee was not at maximum medical improvement, so no impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. The DWC does not recommend additional reimbursement for this charge.

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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 6, 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.