



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald Mondragon, M.D.

Respondent Name

Dallas ISD

MFDR Tracking Number

M4-24-0835-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 14, 2022	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
	Designated Doctor Examination 99456-SP	\$0.00	\$0.00
Total		\$150.00	\$150.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$150.00

Respondent's Position

"According to page 24 of the enclosed medical record the 6 areas of impairment rating were as follows:

1. (Redacted)
2. CARDIOVASCULAR
3. KIDNEYS
4. (Redacted)
5. (Redacted)

6. PSYCHOLOGICAL

The prior reimbursement for CPT code 99456W5WP was calculated as follows:

MMI=\$350

IR=\$900.00 (6 non-musculoskeletal body areas x \$150.00)

Based on the above rules the total reimbursement of \$1250.00 for CPT code 99456W5WP is correct. No additional allowance is recommended.”

Response Submitted by: Argus Claims

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:

- P12WA – Workers Compensation jurisdictional fee schedule adjustment.
*Reimbursement per Maximum Medical Improvement and/or Impairment rating calculation.
- P12A – Workers Compensation jurisdictional fee schedule adjustment.
Reimbursement per 28 TAC §§134.209-134.250
- W3W – No reimbursement recommended on reconsideration. Previous recommendation was in accordance with the Workers’ Compensation State Fee Schedule.

Issues

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

Findings

- Dr. Mondragon is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating. The examination included the incorporation of specialist reports.

Dr. Mondragon is seeking \$0.00 for the incorporation of the specialist reports. Therefore, this service will not be considered in this dispute. The DWC will review the reimbursement amount for the examination to determine maximum medical improvement and impairment rating.
- The submitted documentation supports that Dr. Mondragon performed an evaluation of maximum medical improvement 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. Mondragon performed impairment rating evaluations of (redacted), cardiovascular conditions, kidney conditions, (redacted) psychological conditions.

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.

Dr. Mondragon also provided an impairment rating involving (redacted), "resulting in small (redacted)." Per page 24 of the submitted report, the doctor evaluated this injury based on "table 68, Page 89" and "Table 12, Page 49." These tables are found in Chapter 3: "The Musculoskeletal System," Section 2: "The Lower Extremity." The documentation supports that Dr. Mondragon performed a medical examination with range of motion testing for a musculoskeletal body area.

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.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
Acute Stroke/Right Foot Drop (ROM)	Musculoskeletal System	Lower Extremities	\$300.00
COVID 19	Respiratory System	Body Systems	\$150.00
Cardiovascular	Cardiovascular System	Body Systems	\$150.00
Kidneys	Urinary & Reproductive	Body Systems	\$150.00
Pressure Ulcers	Skin	Body Structures	\$150.00
Psychological	Emotional & Behavioral	Mental & Behavioral	\$150.00
Total MMI			\$350.00
Total IR			\$1,050.00
Total Exam			\$1,400.00

The total allowable reimbursement for the services in question is \$1,400.00. Per explanation of benefits dated November 1, 2023, the insurance carrier paid \$1,250.00. The DWC finds that Dr. Mondragon is entitled to an additional reimbursement of \$150.00. This amount 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 \$150.00 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 Dallas ISD must remit to Donald Mondragon, M.D. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 16, 2024
Signature	Medical Fee Dispute Resolution Officer	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.