



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John D. Kirkwood, D.O.

Respondent Name

Protective Insurance Co.

MFDR Tracking Number

M4-24-0883-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

December 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 12, 2023	Designated Doctor Examination 99456-W5-WP X 2 units	\$150.00	\$0.00
	Designated Doctor Examination 99456-RE-W8	\$0.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

"The insurance carrier has failed to submit full payment for the *Medical Fee Guidelines* allowable for a State issued Designated Doctors Evaluation ... we are asking for \$150.00 for the Diagnosis Related Estimate (DRE), which the carrier did not pay ... *Even though the billing charges are for the same body part, there were two separate exams performed for two separate systems. One was for Range of Motion for the right, lower extremities (knee and ankle), Chapter 3 – The Musculoskeletal system, page 78, and the other exam is for the laceration of the right lower extremities; therefore, the doctor was required to review Chapter 13 – The Skin, page 280, table 2 for this impairment.*"

Amount in Dispute: \$150.00

Respondent's Position

"The Requestor's CMS1500 billing form has a '1' in the Unit column. As the rule clearly states above, if the HCP is billing for two areas, then 2 should be in the column ... Billing should be in accordance with the rules to insure accurate reimbursement. Neither the original bill, nor the reconsideration, nor the MFDR submission indicate 2 Units.

"Additionally, the DWC32 indicated to address the lower extremities (excluding feet). The right lower extremity is one area. The laceration that subsequently caused the underlying condition of Traumatic Compartment Syndrome RLE is one area."

Response Submitted by: CorVel

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 State Fee Schedule Adj
- ORC – See Additional Information
- Notes: "MMI / IR ROM X 1 AREA"

Issues

1. What are the services in dispute?
2. Is John D. Kirkwood, D.O. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Kirkwood is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and ability to return to work.

Dr. Kirkwood is seeking \$0.00 for the examination to determine the ability to return to work. Therefore, this service will not be considered in this dispute. He is seeking \$150.00 for reimbursement of the examination to determine maximum medical improvement and impairment rating. Therefore, this service is considered in this dispute.

2. The submitted documentation supports that Dr. Kirkwood performed an evaluation of maximum medical improvement. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

A review of the submitted documentation finds that Dr. Kirkwood performed impairment rating evaluations of the right knee and ankle with range of motion testing, and a laceration.

28 TAC §134.250(4)(A) states, in relevant part, "The number of body areas rated shall be indicated in the unit's column of the billing form." Dr. Kirkwood billed one unit for the examination in question. Per 28 TAC §134.250(4)(C)(ii), the MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable amount for the services in question is \$650.00. Per explanation of benefits dated November 1, 2023, 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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 23, 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.