

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gavin Wolff, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-2594-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 12, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

"The appointment took place on 08/12/2022 and the complete/clean bill was submitted to the carrier for reimbursement on 08/29/2022. According to the EOB received on 04/12/2023, the claim was being denied for 'FOR FURTHER REVIEW OF REIMBURSEMENT, CLARIFY RENDERING PROVIDER AND DATE OF EXAM BETWEEN THE EXAM REPORT & /OR DWC69'.

"On 04/12/2023 MET submitted a request for reconsideration with proof of timely submission and the reason(s) why MET stands by the claim as being complete and accurate."

Amount in Dispute: \$650.00

Respondent's Position

"... the documentation and TWCC-69 show that the exam was performed on 08/08/2022, however, the HCFA submitted by the health care provider shows the date of service as 08/12/2022. The date of the exam and the date of service listed on the HCFA should match. As of today's date, Texas Mutual is not in receipt of a HCFA with the same date as the TWCC-69 and

documentation submitted.”

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 §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

Denial Reasons

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

- A26 – For further review of reimbursement, clarify rendering provider and date of exam between the exam report &/or DWC69.
- CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.

Issues

1. Is Texas Mutual Insurance Company’s denial reason supported?

Findings

1. Gavin Wolff, D.C. is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

Per 28 TAC §134.250(1) states, in relevant part, “The total maximum allowable reimbursement ... for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include: ... (D) the preparation and submission of reports (including the narrative report, ...), calculation tables, figures, and worksheets.”

In its review of the submitted documentation, DWC finds that the date of service and date of certification on the required Report of Medical Evaluation (DWC069) do not correspond to or support the date of service as reported on the billing and in the narrative report.

Therefore, DWC concludes that Texas Mutual Insurance Company's denial reason is supported. No 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 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

July 30, 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.