



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Mahesh Mohan, M.D.

Respondent Name

Pennsylvania Manufacturers Association Ins.

MFDR Tracking Number

M4-24-1208-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 22, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Work Status Report 99080-73	\$15.00	\$0.00
Total		\$165.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$165.00

Respondent's Position

"The carrier's reduction of the medical bill was under the impairment rating section and the issuance of a DWC 73 work status report. The provider was reimbursed \$350 for the MMI portion of the exam. He billed \$750 under the impairment rating portion of the exam. Based upon the exam, we believe that the provider was entitled to \$600 for the impairment rating portion of the exam. Thus under the MMI and impairment rating portion of the exam, the provider was entitled to \$950. That is the amount that he was paid.

"With respect to the issuance of the DWC 73 work status report, the provider is seeking payment of \$15. However, the provider was appointed on the issue of ability to return to work and for it, he was already paid \$500. He is not entitled to an additional payment for the issuance of a DWC 73 which is considered part of the ability to return to work exam."

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 §134.235](#) sets out the fee guidelines for work status reports performed as part of a designated doctor examination.
3. [28 TAC §134.239](#) sets out the fee guidelines for work status reports performed as part of a designated doctor examination.
4. [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.
- RARC CD: N429 – Not covered when considered routine.
- 219 – Based on extent of injury.
- 96 – Non-covered charge(s).

Issues

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

Findings

1. Dr. Mohan is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the injured employee's ability to return to work, with additional billing for a work status form.

Dr. Mohan is seeking \$0.00 for the examination to determine the injured employee’s ability to return to work. Therefore, this service will not be considered in this dispute. DWC will consider reimbursement of the examination to determine maximum medical improvement and impairment rating, as well as the work status form.

2. The submitted documentation supports that Dr. Mohan 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.

Review of the submitted documentation finds that Dr. Mohan performed impairment rating evaluations of the (redacted) with range of motion testing, a (redacted). 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. 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.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Right Elbow (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Concussion (Head)	Nervous System	Body Systems	\$150.00
IR: Nose Fracture	Ear, Nose, Throat, and Related Structures	Body Structures	\$150.00
IR: Lip Laceration			
Total MMI			\$350.00
Total IR			\$600.00
Total Exam			\$950.00

Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination.

The total allowable for the services in question is \$950.00. Per explanation of benefits dated June 9, 2023, the insurance carrier paid this amount. No further 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

May 3, 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.