



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

JACK PAUL MITCHELL JR

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-24-1246-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

February 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 15, 2023	Designated Doctor Examination 99456-WP-W5 x one unit	\$195.00	\$0.00
Total		\$195.00	\$0.00

Requestor's Position

"For this exam, and as clearly indicated in the previously received report, MMI was first determined, and an impairment was calculated for one body area using ROM model. The DD should be reimbursed first for determining MMI at \$350 and then an additional \$300 for first impairment calculation for a total of \$650. There is no PPO contract. Documentation submitted with the complete medical bill documents a designated doctor examination as ordered by the DWC, the purpose of establishing Maximum Medical Improvement, and providing an Impairment rating. The insurance carrier does not have a valid reason for reducing this claim as billed. The provider denies having any PPO contact with Ins. Co. and owes the provider \$195.00."

Amount in Dispute: \$195.00

Respondent's Position

"We already paid the additional on the attached EOB in January."

Response Submitted by: Sedgwick Claims Management Services Inc

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §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 guidelines for medical services, charges, and payments for maximum medical improvement evaluations and impairment rating examinations.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance
- 5343 – Please note this is the reconsideration for a prior review
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Is Dr. Mitchell entitled to an additional payment for the disputed service?

Findings

1. The requestor is requesting an additional payment in the amount of \$195.00 for disputed service code 99456-WP-W5, rendered on July 15, 2023

The submitted documentation supports that Jack P Mitchell, DC performed an evaluation of maximum medical improvement (MMI). 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 Jack P Mitchell, DC performed impairment rating evaluations to one 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.

The total MAR for the disputed examination is \$650.00. A review of the explanation of benefits (EOB) dated August 10, 2023, supports that the insurance carrier issued a payment in the amount of \$455.00. A review of the EOB dated January 19, 2024, supports that the insurance carrier made an additional payment in the amount of \$195.00. Because the requestor was reimbursed the billed amount of \$650.00, 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 requester has established that additional reimbursement \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

[Redacted Signature]

April 23, 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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.