



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Tom McMurray, M.D.

Respondent Name

XL Specialty Insurance Co.

MFDR Tracking Number

M4-24-1443-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 6, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2023	Designated Doctor Examination 99456-W5-26 and 99456-W5-TC	\$650.00	\$650.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Work Status Report 99080-73	\$0.00	\$0.00
Total		\$650.00	\$650.00

Requestor's Position

"These services were requested and prescribed by the Division. The above referenced designated doctor performed the MMI examination and assigned the IR ... We seek full reimbursement for the outstanding balance of \$650.00 along with interest ..."

Amount in Dispute: \$650.00

Respondent's Position

"Our bill audit company has determined no further payment is due ... Per the state, the maximum allowable reimbursement (MAR) for MMI/IR exams is equal to the reimbursement for the MMI evaluation plus the reimbursement for the body area(s) evaluated for assignment of an IR."

Response Submitted by: Gallagher Bassett

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:

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjud.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies. Use only if no other code is applicable.
- TX219 – This procedure, supply, service, or report does not normally warrant a charge.
- TX217 – The value of this procedure is included in the value of another procedure performed on this date.
- XXU03 – The billed service was reviewed by UR and authorized.

Issues

1. What are the services considered in this dispute?
2. Is XL Specialty Insurance Co.'s denial of payment supported?
3. Is Tom McMurray, M.D. entitled to additional reimbursement?

Findings

1. Dr. McMurray is seeking reimbursement for a designated doctor examination that includes the following services:
 - An examination to determine maximum medical improvement and impairment rating,
 - An examination to determine the injured employee's ability to return to work, and
 - A work status report.

Dr. McMurray is seeking a total of \$650.00 for the examination to determine maximum medical improvement and impairment rating. He is seeking \$0.00 for the other listed services. Therefore, the only service considered in this dispute is the examination to determine maximum medical improvement and impairment rating.

2. The insurance carrier denied the examination in question stating, "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

The examination in question is a division-specific service that is subject to the fee guidelines found in 28 TAC §134.250. It is not included in the payment or reimbursement of any other services. The denial of payment for this examination is not supported.

3. Because the insurance carrier failed to support its denials of payment, DWC will review the service in question for payment.

The submitted documentation supports the claim that Dr. McMurray performed an evaluation of maximum medical improvement as ordered by 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. McMurray performed an impairment rating evaluation of the upper extremity with range of motion testing. The rule at 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 allowable reimbursement for the services in question is \$650.00. 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 \$650.00 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 XL Specialty Insurance Co. must remit to Tom McMurray, M.D. \$650.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	May 17, 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.