



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kevin Lee Prentice, D.C.

Respondent Name

Fire Insurance Exchange

MFDR Tracking Number

M4-24-1837-01

Carrier's Austin Representative

Box Number 14

DWC Date Received

April 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 7, 2023	99456-W5-WP	\$150.00	\$150.00
	99456-W6-RE	\$0.00	\$0.00
Total		\$150.00	\$150.00

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$150.00

Respondent's Position

The Austin carrier representative for Fire Insurance Exchange is Farmers Insurance Group. Farmers Insurance Group was notified of this medical fee dispute on April 30, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §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 reduced the payment for the disputed services with the following claim adjustment codes:

- 350 – Bill has been identified as a request for reconsideration or appeal.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 95 – Plan procedures not followed.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- U00 – There was no UR procedure/treatment request received.

Issues

1. What are the services in dispute?
2. Is Kevin Lee Prentice, D.C. entitled to additional reimbursement for the designated doctor examination in question?

Findings

1. Dr. Prentice is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury.

He is requesting \$0.00 for procedure code 99456-W6-RE which represents the determination of the extent of the compensable injury. Therefore, this service will not be considered in this dispute.

Dr. Prentice is seeking \$150.00 for procedure code 99456-W5-WP which represents the determination of maximum medical improvement and impairment rating. This service is considered in this dispute.

2. The submitted documentation supports that Dr. Prentice 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. Prentice performed impairment rating evaluations of the (redacted) with range of motion testing. 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the services in question is \$800.00. Per the explanation of benefits dated September 19, 2023, the insurance carrier paid \$650.00. An additional reimbursement of \$150.00 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.

The DWC finds the requestor has established that reimbursement of \$150.00 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 Fire Insurance Exchange must remit to Kevin Lee Prentice, D.C. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	July 24, 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, 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 electronico CompConnection@tdi.texas.gov.