



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kenneth Steen, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-24-1848-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 13, 2023	99456 W5 WP	\$800.00	\$800.00
October 13, 2023	99456 W5 MI	\$50.00	\$50.00
October 13, 2023	99456 W6 RE	\$500.00	\$500.00
Total		\$1,350.00	\$1,350.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,350.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive Ogden & Latson. Flahive Ogden & Latson 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 \(TAC\) §127.10, effective April 30, 2023, 48 TexReg 2123](#) sets out the procedures for designated doctor examinations
2. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.235, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine the extent of a compensable injury.
5. [28 TAC §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for payment, reduction, or denial of payment for the disputed services.

Issues

1. Did Safety National Casualty Corporation take final action on the bill for the services in question prior to the request for medical fee dispute resolution?
2. Is Kenneth Steen, D.C. entitled to reimbursement for the services in question?

Findings

1. Dr. Steen is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury. The services in question also included multiple impairment rating calculations.

Dr. Steen argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the services in

question.

2. Because the insurance carrier failed to provide any defense of non-payment for the designated doctor examination in question, Dr. Steen is entitled to reimbursement in accordance with applicable fee guidelines.

The submitted documentation supports that Dr. Steen performed an evaluation of maximum medical improvement as ordered by the 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. Steen performed impairment rating evaluations of the spine and lower extremities 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 submitted documentation indicates that Dr. Steen performed an examination to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The submitted documentation indicates that Dr. Steen provided and billed for multiple impairment ratings. Per 28 TAC §127.10(d), effective April 30, 2023, 48 TexReg 2123, states, in relevant part, "For examinations conducted under this subsection on or after June 5, 2023, the designated doctor may provide multiple certifications of MMI and impairment ratings only when directed by the division." The Presiding Officer Directive ordering the examination in question states, "... please provide the following certifications of MMI/IR:

- 1) Carrier accepted conditions of ..., PLUS the conditions you addressed as the extent of injury and opined to be part of the compensable injury; and
- 2) Carrier accepted conditions PLUS all the disputed conditions listed above."

According to 28 TAC §134.250(4)(B), when multiple impairment ratings are required as a component of a designated doctor examination, the doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

The total allowable reimbursement for the services in question is \$1,350.00. 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.

The DWC finds the requestor has established that reimbursement of \$1,350.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Safety National Casualty Corp. must remit to Kenneth Steen, D.C. \$1,350.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 10, 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, 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.