



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Randall J. Halbert, D.C.

**Respondent Name**

Farmers Insurance Exchange

**MFDR Tracking Number**

M4-24-2435-01

**Carrier's Austin Representative**

Box Number 14

**DWC Date Received**

July 1, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 7, 2024	Designated Doctor Examination 99456-WP-W5	\$150.00	\$150.00

### Requestor's Position

"The appointment took place on 05/07/2024 and the complete/clean bill was submitted to the carrier for reimbursement on 05/16/2024 According to the EOB received on 06/12/2024, the claim was being denied for '95-Plan procedures not followed. G15 Pricing is calculated based on the medical professional fee schedule value. P12-Workers' Compensation jurisdictional fee schedule adjustment.'

"On 06/12/2024, MET submitted a request for reconsideration with proof of timely submission and the reason(s) why MET stands by the claim as being complete and accurate."

**Amount in Dispute:** \$650.00

### Respondent's Position

The Austin carrier representative for Farmers Insurance Exchange is Laura Davis. The representative was notified of this medical fee dispute on July 16, 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 \(TAC\) §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.
3. [Texas Labor Code \(TLC\) §408.0041](#) sets out the requirements for designated doctor examinations.

### Denial Reasons

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

- 95 – Plan procedures not followed.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- U00 – There was no UR procedure/treatment request received.
- Note: "HISTORY BILL PAID CORRECTLY. NO ADDITIONAL ALLOWANCE RECOMMENDED."

### Issues

1. Is Farmers Insurance Exchange's denial based on plan procedures supported?
2. Is Farmers Insurance Exchange's denial based on lack of utilization review (UR) supported?
3. Is Randall J. Halbert, D.C. entitled to additional reimbursement for the examination in question?

## Findings

1. Dr. Halbert is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier reduced payment stating, "Plan procedures not followed." DWC finds that the submitted documentation does not support this denial reason.
2. The insurance carrier also reduced payment stating, "There was no UR procedure/treatment request received." The examination in question was ordered by DWC in accordance with TLC §408.0041. It is a division-specific examination that does not require utilization review. Therefore, this denial reason is not supported.
3. Because the insurance carrier failed to support its reduction of payment, DWC will review the service for additional payment.

The submitted documentation supports that Dr. Halbert 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. Halbert performed an impairment rating evaluation of the left lower extremity 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 total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated May 30, 2024, Farmers Insurance Exchange paid \$500.00. 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.

DWC finds the requestor has established that additional 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 Farmers Insurance Exchange must remit to Randall J. Halbert, D.C. \$150.00 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 30, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).