



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Keith Louden, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-2939-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 5, 2024	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$50.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 5, 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](#) sets out the procedures for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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 performed prior to June 1, 2024.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- 6766 – Specialty Bill Audit/Expert Code Review Involving the application of code auditing rules and edits based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, and coding guidelines developed by the American Medical Association.
- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What services are considered in this dispute?
2. Is Keith Loudon, M.D. entitled to additional reimbursement?

Findings

1. Dr. Loudon is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on January 5, 2024, which included billing codes 99456-W5-WP and 99456-W5-MI.

Dr. Louden is seeking \$0.00 for procedure code 99456-W5-WP. Therefore, this procedure code will not be considered in this dispute. He is seeking an additional \$50.00 for procedure code 99456-W5-MI billed for two units. This code will be considered in this dispute.

2. According to 28 TAC §127.10(d), "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."

DWC finds that the examination in question was ordered based on a Presiding Officer's Directive to Order Designated Doctor Exam dated November 29, 2023. In this directive, the presiding officer gave the following instructions:

"Please provide alternate certifications of MMI and IR for the following:

- I) The carrier-accepted conditions.
- II) The carrier-accepted conditions PLUS all of the disputed conditions listed above.
- III) The carrier-accepted conditions PLUS the disputed conditions you were appointed to address that you opined to be part of the compensable injury, **if different from I and II** [emphasis added]."

Review of the documents submitted finds that Dr. Louden's second and third certifications were for the same diagnoses. Therefore, DWC finds that Dr. Louden is entitled to one additional impairment calculation.

28 TAC §134.250(4)(B) states, in relevant part, "When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation."

The total allowable reimbursement for the services in question is \$50.00. Per explanation of benefits dated March 14, 2024, the insurance carrier paid this amount in full. 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 requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 8, 2025

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.