



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jack P. Mitchell, D.C.

**Respondent Name**

OBI National Insurance Co.

**MFDR Tracking Number**

M4-25-0722-01

**Carrier's Austin Representative**

Box Number 29

**DWC Date Received**

November 26, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2024	Designated Doctor Examination 99456-WP-W5	\$1,219.00	\$1,218.00

### Requestor's Position

"For this exam, and as clearly indicated in the attached narrative, MMI was first determined, and an impairment rating was calculated for three body areas. The DD should be reimbursed for first determining MMI for \$449.00, then secondly for the calculation of the three-impairment rating for total of \$1219.00."

**Amount in Dispute:** \$1,219.00

### Respondent's Position

"Per our bill review team, the denials are correct. According to the New FS effective 01/01/24, Modifier WP has been deleted and is not payable. Denials are correct."

**Response Submitted by:** Dean G. Pappas Law Firm, PLLC

## 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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

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

### Issues

1. Did OBI National Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Jack P. Mitchell, D.C. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Mitchell is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

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 service in question.

2. Because the insurance carrier failed to take final action on the bill in question, DWC finds that Dr. Mitchell is entitled to reimbursement.

The submitted documentation supports that Dr. Mitchell determined that the injured employee had reached MMI and performed an IR evaluation of the spine, upper extremity, and lower extremity.

Per 28 TAC §134.240(d)(2)(C), "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4) ..."

28 TAC §134.240(d)(4)(A)(i) states,

- (I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4); and
- (II) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4).

No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question. Therefore, the total allowable reimbursement for the services in question is \$1,218.00. 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 reimbursement of \$1,218.00 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 OBI National Insurance Co. must remit to Jack P. Mitchell, D.C. \$1,218.00 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

January 31, 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](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).