

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Charles Xeller, M.D.

Respondent Name

City of Houston

MFDR Tracking Number

M4-21-2231-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

August 4, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2021	Designated Doctor Examination (99456-W5-WP)	\$800.00	\$800.00

Requestor's Position

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

Amount in Dispute: \$800.00

Respondent's Position

"... there is no record of a reconsideration received of final action of an original bill which is required before provider can submit to MFDR. Although requestor states a bill was submitted on 1/26/21 no record of a bill for date of service 1/15/21 is found."

Response Submitted by: IMO Managed Care

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.240 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 §134.250 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 the denial of payment for the disputed services.

Issues

1. Did City of Houston take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Charles Xeller, M.D. entitled to reimbursement for the examination in question?

Findings

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

Dr. Xeller argued that he had not received payment or an explanation of denial for medical bills submitted for the examination in question. IMO Managed Care, on behalf of City of Houston, argued that Dr. Xeller did not request reconsideration.

According to 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 the DWC indicates that complete bills for the examination in question were received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill.

2. Because the insurance carrier failed to support a denial of payment for the examination in question, DWC finds that Dr. Xeller is entitled to reimbursement.

The submitted documentation supports that Dr. Xeller 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. Xeller performed impairment rating evaluations of right shoulder with range of motion testing and a cervical strain. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. 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 MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the dispute examination is \$800.00. 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 requester has established that reimbursement of \$800.00 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 City of Houston must remit to Charles Xeller, M.D. \$800.00 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	September 21, 2021 _____ Date
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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 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.