



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Leonard Lopez, D.C.

**Respondent Name**

New Hampshire Insurance Co.

**MFDR Tracking Number**

M4-22-1870-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 29, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 3, 2021	Designated Doctor Examination 99456-W5-WP	\$800.00	\$800.00

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$800.00

### Respondent's Position

ESIS Med Bill Impact's Bill Review Department reviewed the above mentioned date of service and found that the provider was not due additional money. It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$0.

Provider billed with invalid ICD code and subsequent submissions were not corrected.

**Response Submitted by:** ESIS

## 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 §133.10 sets out the procedures for submission 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.
4. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.

### Denial Reasons

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

- Notes: "Original DCN ...; Resubmit bill with appropriate ICD-10 diagnosis codes: M50.22 is invalid"
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service

### Issues

1. Is New Hampshire Insurance Co.'s denial based on invalid diagnosis code supported?
2. Is Leonard Lopez, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Lopez is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment stating that the bill included an invalid ICD-10 diagnosis code.

Per 28 TAC §133.10 (f)(1)(M) requires at least one diagnosis code and the applicable ICD indicator must be present. DWC finds that Dr. Lopez provided multiple diagnosis codes and applicable ICD indicators. This denial reason is not supported.

2. Per TLC §408.0041 (h)(1), the insurance carrier is required to pay for a designated doctor examination, unless otherwise prohibited by the Labor Code or by an order or rule of the commissioner. Because the insurance carrier failed to support its denial of payment, Dr. Lopez is entitled to reimbursement for the services in question.

The submitted documentation supports that Dr. Lopez 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. Lopez performed impairment rating evaluations of the spine and right wrist with range of motion testing. The rule at 28 TAC §134.250 (4)(C) 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 total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the examination in question 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 additional 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 New Hampshire Insurance Co. must remit to Leonard Lopez, D.C. \$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

June 29, 2022

\_\_\_\_\_  
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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).