



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

David Alvarado, D.C.

Respondent Name

XL Insurance America, Inc.

MFDR Tracking Number

M4-23-0188-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 26, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00

Requestor's Position

CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS

Amount in Dispute: \$650.00

Respondent's Position

The Austin carrier representative for XL Insurance America, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 4, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 18 – Exact duplicate claim/service.
- 224 – Duplicate charge

Issues

1. Is XL Insurance America, Inc.'s denial based on duplicate service supported?
2. Is David Alvarado, D.C. entitled to reimbursement?

Findings

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

Per explanation of benefits dated June 8, 2022, the insurance carrier denied payment based on duplicate service. No evidence was submitted to support that this service or billing was a duplication. This denial reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, Dr. Alvarado is entitled to reimbursement for the services in question.

The submitted documentation supports that Dr. Alvarado 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. Alvarado performed impairment rating evaluations of the right shoulder with range of motion testing. The rule at 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 services in question is \$650.00. 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 \$650.00 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 XL Insurance America, Inc. must remit to David Alvarado, D.C. \$650.00 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 27, 2023

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 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 electrónico CompConnection@tdi.texas.gov.