



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Thomas Pfeil, Jr., M.D.

**Respondent Name**

Bankers Standard Insurance Co.

**MFDR Tracking Number**

M4-23-1093-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

January 11, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 30, 2022	Designated Doctor Examination 99456-W5-WP	\$500.00	\$500.00

### Requestor's Position

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

**Amount in Dispute:** \$500.00

### Respondent's Position

The respondent does not disagree that DD exams are payable; however, while the carrier is "required" to pay DDE bills, the HCP is required to complete the required forms in accordance with the rules. As indicated on both the original bill and the request for reconsideration, the HCCP has failed to submit a complete the DWC69 form ... It is imperative that the form is completed fully and accurately. Please note that the DWC69 submitted for this claimant for DOS 6/30/22 failed to complete Section IV, box 17(b) and indicate the % to which there is permanent impairment ...

In both instances of review of the Requestor's bills for DOS 6/30/2022, both EORs clearly

indicated what was missing/needed to allow payment.

**Response Submitted by:** CorVel

## **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 §127.20 sets out the procedures for requests for clarification.
2. 28 TAC §130.1 sets out the procedures for certification of maximum medical improvement and impairment rating.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 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:

- 150 – Payment adjusted/unsupported service level
- 16 – Svc lacks info needed or has billing error(s)
- Notes: "DWC-69 PART IV – PERMANENT IMPAIRMENT BOX 17B: IMPAIRMENT % IS BLANK; PER REPORT, THERE IS NO IMPAIRMENT."
- 226 – Info requested was not provided or was insuff

### Issues

1. Is Bankers Standard Insurance Co.'s denial of payment supported?
2. Is Thomas Pfeil, Jr., M.D. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Pfeil is seeking reimbursement for a designated doctor examination performed June 30, 2022. Bankers Standard Insurance Co. denied payment based on missing impairment rating on form DWC069.

Available information indicates that Dr. Pfeil received a request for a completed DWC069. Evidence supports that an amended report was filed on or about August 3, 2022. The division concludes that the insurance carrier's denial is not supported.

2. Because Bankers Standard Insurance Co. failed to support its denial of payment, Dr. Pfeil is entitled to reimbursement.

The submitted documentation supports that Dr. Pfeil performed an evaluation of maximum medical improvement as ordered by the division. 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. Pfeil performed an impairment rating evaluation of the abdominal wall. The rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the services in question is \$500.00. 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 additional reimbursement of \$500.00 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 Bankers Standard Insurance Co. must remit to Thomas Pfeil, Jr., M.D. \$500.00 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

March 24, 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](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).