



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

William Meiser, D.O.

**Respondent Name**

XL Insurance America, Inc.

**MFDR Tracking Number**

M4-23-1452-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 21, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$500.00
Total		\$850.00	\$850.00

### Requestor's Position

CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS

**Amount in Dispute:** \$850.00

### 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 \$0.00

Bill was received with invalid ICD-10 code which was not corrected on resubmission.

**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 format for submitting medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine ability to return to work.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement.

### Denial Reasons

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

- 418 – Resubmit bill with appropriate ICD-10 diagnosis codes: F43.1 is invalid
- 146 – Diagnosis was invalid for the date(s) of service reported.
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service

### Issues

1. Is XL Insurance America, Inc.'s denial based on invalid diagnosis codes supported?
2. Is William Meiser, D.O. entitled to additional reimbursement?

### Findings

1. Dr. Meiser is seeking reimbursement for a designated doctor examination performed on July 11, 2022. The insurance carrier denied payment stating the "diagnosis was invalid for the date(s) of service reported."

Per 28 TAC §133.10 (f)(1)(M), "at least one diagnosis code and the applicable ICD indicator must be present."

Review of the submitted documentation finds that the bills for the services in question included at least one diagnosis code and the applicable ICD indicator. The division finds that this denial reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, Dr. Meiser is entitled to

reimbursement for the disputed services.

The submitted documentation supports that Dr. Meiser performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00.

The submitted documentation indicates that Dr. Meiser performed an examination to determine the ability to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the services in question is \$850.00. 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 \$850.00 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 XL Insurance America, Inc. must remit to William Meiser, D.O. \$850.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	April 6, 2023
Signature	Medical Fee Dispute Resolution Officer	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).