



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lorin Wolf, D.C.

Respondent Name

Federal Insurance Co.

MFDR Tracking Number

M4-23-1595-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 3, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Interest Due	\$19.66	Undetermined
Total		\$669.66	\$650.00

Requestor's Position

Original bill sent over on Jun 7th. Bill resubmitted August 2022 after calling for explanation they requested the doctors license number no EOB ever received. Still no response by Feb 2nd 2023 a letter was sent to the insurance company demanding payment. We received EOB back on February 20 stating that it was a duplicate billing and would not be paying.

Amount in Dispute: \$650.00

Respondent's Position

It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$0. Original denied for invalid ICD code ..., code never 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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.130 sets out the provisions for interest for late payment on medical bills.
3. 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:

- Original DCN 510191679
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service

Issues

1. Did Federal Insurance Co. raise a new defense in its response?
2. Is Federal Insurance Co.'s denial based on duplicate claim or service supported?
3. Is Lorin Wolf, D.C. entitled to additional reimbursement?

Findings

1. Dr. Wolf is seeking reimbursement for a designated doctor examination performed on May 3, 2022.

In its position statement, ESIS, on behalf of the insurance carrier, argued that an ICD code was invalid.

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with the division. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on an invalid ICD-10 code was provided to Dr. Wolf before this request for MFDR was filed. Therefore, the division will not consider this argument in the current dispute review.

2. Federal Insurance Co. denied the dispute in question indicating that it was a duplicate claim or service. The insurance carrier provided no documentation to support that this claim or service was a duplicate of another, previously reviewed claim or service. This denial reason is not supported.
3. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Wolf is entitled to reimbursement.

The submitted documentation supports that Dr. Wolf 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. Wolf performed impairment rating evaluations of the lower extremity 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.

28 TAC §134.130 (a) states that insurance carriers are required to pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill. Subsection (c) provides that the rate of interest is based on the date the payment was made. Therefore, calculation of interest owed can not be made until payment is rendered.

The total allowable reimbursement for the examination in dispute 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 reimbursement for the disputed services. It is ordered that 2. Federal Insurance Co. must remit to Lorin Wolf, 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

April 6, 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.