



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Knott, D.C.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-23-1995-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 7, 2023	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$500.00

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 18, 2023.

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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the extent of the compensable injury.
3. [TLC §408.0041](#) defines 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: "Resubmit bill with appropriate ICD-10 diagnosis codes ..."
- 146 – Diagnosis was invalid for the date(s) of service reported.
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service.
- 216 – Based on the findings of a review organization.
- TX06 – Unnecessary treatment with peer review

Issues

1. Did the insurance carrier maintain its denial of payment based on diagnosis code?
2. Is this dispute subject to dismissal based on medical necessity?
3. Is Michael Knott, D.C. entitled to additional reimbursement?

Findings

1. Dr. Knott is seeking reimbursement for a designated doctor examination performed on February 7, 2023. Per explanation of benefits dated February 22, 2023, New Hampshire Insurance Co. denied payment stating that the "diagnosis was invalid for the date(s) of service reported." In its explanation of benefits dated March 28, 2023, the insurance carrier did not maintain this denial reason. Therefore, it will not be considered for this dispute.
2. Per explanation of benefits dated March 28, 2023, the insurance carrier denied payment stating it was "based on the findings of a review organization" and "UNCESSARY TREATMENT WITH PEER REVIEW."

TLC §408.0041(h)(1) states, in relevant part that the insurance carrier shall pay for a designated doctor examination unless otherwise prohibited by this subtitle or by an order or rule of the commissioner. This examination was ordered by DWC and was not prohibited.

DWC finds that the examination in question is not subject to dismissal.

- 3. Because the insurance carrier’s denial of payment was not supported, Dr. Knott is entitled to reimbursement.

The submitted documentation indicates that Dr. Knott performed an examination to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for this examination 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 requester 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 reimbursement for the disputed services. It is ordered that New Hampshire Insurance Co. must remit to Michael Knott, D.C. \$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

June 21, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.