

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Rafath Quraishi, M.D.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-23-2552-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 17, 2022	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00

Requestor's Position

"We are filing for a Medical Fee Dispute Resolution after our Request for Reconsideration were denied, totaling \$150.00. We feel the carrier is incorrect in their decision to deny this bill ... The primary line item on the bill, the MMI/IR portion of the Designated Doctor exam, was reduced from \$500.00 to \$350.00. The rationale for reduction was listed on the EOB as a Workers' Compensation Fee schedule adjustment ... It is our position that the carrier has inappropriately denied payment for the above listed Date of Service for the procedures he provided, and the carrier is responsible for the \$150.00 still owed for the Designated Doctor examination."

Amount in Dispute: \$150.00

Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 13, 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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- BT100 – Unless otherwise specified, services have been reviewed to the State Fee Schedule.
- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.
- BT975 – No additional allowance is recommended
- TX193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Rafath Quraishi, M.D. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Quraishi is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating.

The submitted documentation supports that Dr. Quraishi performed an evaluation of MMI 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. Quraishi performed an impairment rating evaluation of (redacted) 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 examination in question is \$500.00. The insurance carrier paid \$350.00. An additional reimbursement of \$150.00 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 \$150.00 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 American Zurich Insurance Co. must remit to Rafath Quraishi, M.D. \$150.00 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

July 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.