



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Harparminder Chadha, M.D.

Respondent Name

XL Insurance America, Inc.

MFDR Tracking Number

M4-25-0192-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 23, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2024	Designated Doctor Examination 99456-W5	\$484.00	\$291.00
	Designated Doctor Examination 99456-25	\$0.00	\$0.00
Total		\$484.00	\$291.00

Requestor's Position

"Based on the examination type requested and performed, following is the reason the claim should be paid in full as originally billed.

"The injured workers was scheduled for a Designated Doctor examination as per the DWC032 dated 04/18/2024. The appointment took place on 06/12/2024 and the complete/clean bill was submitted to the carrier for reimbursement on 06/20/2024 ...

"On 08/06/2024, MET submitted a request for reconsideration with proof of timely submission and the reason(s) why MET stands by the claim as being complete and accurate. Apparently, the payor does not agree and has since issued a final decision to deny the request for payment."

Amount in Dispute: \$484.00

Respondent's Position

The Austin carrier representative for XL Insurance America, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 1, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 §134.240, effective June 1, 2024, 49 TexReg 1489](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Is Harparminder Chadha, M.D. entitled to additional reimbursement?

Findings

1. Dr. Chadha is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating, requiring a board certified specialist. Dr. Chadha is seeking \$0.00 for the fee associated with the requirement for a board certified specialist. Therefore, this fee will not be considered in this dispute.

The submitted documentation supports that Dr. Chadha determined that the injured employee had reached MMI and performed an IR evaluation of a non-musculoskeletal body area. Per 28 TAC §134.240(d)(2)(C), "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

28 TAC §134.240(d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC §134.240(d)(4)(B)(iii) states, "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

DWC finds that the total allowable reimbursement for the services in question is \$641.00. Per explanation of benefits dated July 16, 2024, the insurance carrier paid \$350.00. An additional reimbursement of \$291.00 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 \$291.00 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 XL Insurance America, Inc. must remit to Harparminder Chadha, M.D. \$291.00 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

January 30, 2025

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.