



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Harparminder S. Chadha, M.D.

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-25-1172-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 16, 2024	Designated Doctor Examination 99456-52	\$100.00	\$100.00

Requestor's Position

"The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 06/21/2024. The appointment was scheduled for 07/16/2024, however, the injured employee did not attend the examination as scheduled."

Amount in Dispute: \$100.00

Respondent's Position

"For DOS 7/16/2024, the Requestor/HCP submitted a bill for a no-show for a Designated Doctor Exam ...

"The Respondent consistently uses CARC 11 when denying any provider's billing that uses this ICD10 code rather than the true ICD 10 code specific to the workers' compensation injury. As the Reqeustor [sic] was to perform a Designated Doctor Exam and having received a copy of the DWC032, the Requestor was aware of the area to be reviewed for the DDE. Additional, on behalf of the Carrier, Corvel sent the provider a summary of the medical records along with a copy of

the medical records ...

"... please be aware that the Requestor did not submit a Request For Reconsideration prior to submitting a Medical Fee Dispute as required in the above listed rule. The Carrier received a Request for Reconsideration on 2/12/2025. DWC received the MFDR request on 1/29/2025. While the Carrier has received the Request for Reconsideration, the HCP did not change their billing ...

***Please also note that the CMS1500 form contained in the MFDR request does not include a ICD10 code as required under rule 133.20.**"

Response Submitted by: CorVel

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 \(TAC\) §133.10](#) sets out the procedures for completing a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 11 – Diagnosis Inconsistent with Procedure
- RJ5 – Unspecified DX not accepted as primary dx
- 52 – Reduced Services

Issues

1. Is Harparminder S. Chadha, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Chadha is seeking reimbursement for charges related to a designated doctor examination missed by the injured employee. The insurance carrier denied payment stating, "Diagnosis Inconsistent with Procedure" and "Unspecified DX not accepted as primary dx."

In its position statement, the insurance carrier said, "It is widely known in AMA CPT circles that

use of [code] should be as a last resort when no other specific code is available ... The Respondent consistently uses CARC 11 when denying any provider's billing that uses this ICD10 code rather than the true ICD 10 code specific to the workers' compensation injury."

28 TAC §133.10(f)(1)(M) states that a "diagnosis or nature of injury (CMS-1500/field 21) is required; at least one diagnosis code and the applicable ICD indicator must be present" on the medical bill.

The greater weight of evidence supports that the insurance carrier received a medical bill with a diagnosis code in the appropriate field. Therefore, the insurance carrier's denial of payment for this reason is not supported and Dr. Chadha is entitled to reimbursement.

28 TAC §134.240 states, in relevant part,

(b) The designated doctor must bill, and the insurance carrier must reimburse, for a missed appointment when the injured employee does not attend a properly scheduled or rescheduled examination under 28 TAC §127.5(h) - (j).

(1) The designated doctor may bill for the missed appointment fee when:

(A) the injured employee does not attend a scheduled appointment; and

(B) the designated doctor waits at the examination location for at least 30 minutes after the scheduled appointment time.

(2) When billing for the missed appointment, the designated doctor must bill CPT code 99456 with modifier "52."

(A) Reimbursement for a missed appointment is \$100 adjusted per §134.210(b)(4).

DWC finds the total allowable reimbursement for the service in question is \$100.00. 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 requestor has established that reimbursement of \$100.00 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 Hartford Casualty Insurance Co. must remit to Harparminder S. Chadha, M.D. \$100.00 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

March 14, 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.