

MEDICAL CONTESTED CASE HEARING NO. 12120
M4-12-1561-01

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUE

A contested case hearing was held on June 11, 2012 to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of Medical Fee Dispute Resolution (MFDR) that Provider/Respondent is entitled to a total of \$650.00 for services performed on March 15, 2011, consisting of \$350.00 for an MMI evaluation and \$300.00 for range of motion testing (hand-upper extremity)?

PARTIES PRESENT

Provider/Respondent failed to appear for the contested case hearing and did not respond to the Division's 10-day letter. Petitioner/Carrier appeared and was represented by JF, attorney. Claimant did not appear and his appearance was excused.

BACKGROUND INFORMATION

Although properly notified, Provider/Respondent failed to appear for the contested case hearing scheduled for 9:00 am on June 11, 2012. A letter advising that the hearing had convened and the record would be held open for ten days to afford Provider/Respondent the opportunity to respond and request that the hearing be rescheduled for presentation of evidence on the disputed issue was mailed to Provider/Respondent on June 11, 2012. Provider/Respondent failed to respond to the letter. On June 29, 2012, the record was closed.

The preponderance of the evidence shows that Provider/Respondent did not present its bill to Petitioner/Carrier within 95 days after the date of service as required by Division Rule 133.20(b). While the proof shows that Provider/Respondent forwarded the bill to its own clearinghouse for electronic submission of bills within that time, there was no showing that the bill was forwarded from that entity to Petitioner/Carrier's agent for the receipt of electronic submission or to Carrier within the 95 day period. Accordingly, Petitioner/Carrier's evidence affirmatively shows that Provider/Respondent is not entitled to payment of the bill, contrary to the finding of Medical Fee Dispute Resolution.

Even though all the evidence presented was not discussed, it was considered. The Findings of Fact and Conclusions of Law are based on all of the evidence presented.

FINDINGS OF FACT

1. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
2. On (Date of Injury), Claimant was the employee of (Employer), Employer.
3. On (Date of Injury), Employer provided workers' compensation insurance with Chubb Indemnity Insurance Company.
4. The Division sent a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent with the 10-day letter to the Provider/Respondent at the provider's address and to the Claimant at their respective addresses of record. That document was admitted into evidence as Hearing Officer's Exhibit Number 2.
5. On March 21, 2012, Medical Fee Dispute Resolution determined that Provider/Respondent is entitled to \$650.00 for MMI evaluation and range of motion testing for date of service March 15, 2011.
6. The preponderance of the evidence is contrary to the decision of Medical Fee Dispute Resolution that Provider/Respondent is entitled to \$650.00 for MMI evaluation and range of motion testing for date of service March 15, 2011 because Provider/Respondent did not present its bill for those services to Petitioner/Carrier within 95 days of the date of service.
7. Provider/Respondent did not appear for the June 11, 2012 contested case hearing and did not respond to the Division's letter offering the opportunity to have the hearing rescheduled.
8. Provider/Respondent did not have good cause for failing to appear at the June 11, 2012 contested case hearing.

CONCLUSIONS OF LAW

1. The Texas Department of Insurance, Division of Workers' Compensation has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office.
3. The preponderance of the evidence is contrary to the decision of Medical Fee Dispute Resolution that Provider/Respondent is entitled to \$650.00 for MMI evaluation and range of motion testing for date of service March 15, 2011.

DECISION

Provider/Respondent is not entitled to \$650.00 for MMI evaluation and range of motion testing for date of service March 15, 2011.

ORDER

Petitioner/Carrier is not liable for the reimbursement at issue in this hearing, and it is so ordered.

The true corporate name of the insurance carrier is **CHUBB INDEMNITY INSURANCE COMPANY** and the name and address of its registered agent for service of process is:

**C T CORPORATION SYSTEM
350 NORTH ST PAUL STREET
DALLAS, TX 75201**

Signed this 29th day of June, 2012.

Warren E. Hancock, Jr.
Hearing Officer