



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Corridor Medical Clinic

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-11-3641

Carrier's Austin Representative

Box Number 54

MFDR Date Received

June 20, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to rule 129.5 (a) (1), 'the term 'doctor' means either the treating doctor or a referral doctor'. The treating physician in this case was Ashley Ferguson, a nurse practitioner."

Amount in Dispute: \$15.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Rule 129.5 governs work status reports, code 99080-73. The Rule indicates the treating doctor or the referral doctor completes the work status report. In this dispute a nurse completed the report for date 1/24/11..."

No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 24, 2011	Work Status Report (99080-73)	\$15.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §129.5 sets out the procedures for filing Work Status Reports.
- 28 Texas Administrative Code §180.22 defines the responsibilities of treating and referral doctors.
- Texas Labor Code §401.011 defines general terms.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-W1 – Workers compensation state fee schedule adjustment.

- 248 – DWC-73 not submitted, properly completed or submitted in excess of the filing requirements: Reimbursement denied per Rule 129.5.

Issues

Is the insurance carrier's reason for denial or reduction of payment supported?

Findings

The insurance carrier denied disputed services with claim adjustment reason code 248 – “DWC-73 NOT SUBMITTED, PROPERLY COMPLETED OR SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS: REIMBURSEMENT DENIED PER RULE 129.5.” In their position statement, the insurance carrier clarified this denial stating, “Rule 129.5 governs work status reports, code 99080-73. The Rule indicates the treating doctor or the referral doctor completes the work status report. In this dispute a nurse completed the report for date 1/24/11.” 28 Texas Administrative Code §129.5(c) states,

The **doctor** [emphasis added] shall be considered to have filed a complete Work Status Report if the report is filed in the form and manner prescribed by the Commission, signed, and contains at minimum:

- (1) identification of the employee's work status;
- (2) effective dates and estimated expiration dates of current work status and restrictions (an expected expiration date is not binding and may be adjusted in future Work Status Reports, as appropriate, based on the condition and progress of the employee);
- (3) identification of any applicable activity restrictions;
- (4) an explanation of how the employee's workers' compensation injury prevents the employee from returning to work (if the doctor believes that the employee is prevented from returning to work); and
- (5) general information that identifies key information about the claim (as prescribed on the report).

28 Texas Administrative Code §180.22(a)(1) states that “the term ‘doctor’ means either the treating doctor or a referral doctor, as defined by §133.4 of this title (relating to Consulting and Referral Doctors).” 28 Texas Administrative Code §133.4 was repealed on August 31, 2001 and the commission moved the relevant provisions to Chapter 180.

28 Texas Administrative Code §180.22(c) states that “the treating doctor is the **doctor** [emphasis added] primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury...” 28 Texas Administrative Code §180.22(e) states that “the referral doctor is a **doctor** [emphasis added] who examines and treats an injured employee in response to a request from the treating doctor...”

The term “doctor” is defined in Texas Labor Code §401.011(17), which states, “‘Doctor’ means a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice.”

Review of the submitted information finds that the Work Status Report (DWC073) in question was signed by a nurse practitioner, Ashley Ferguson. Because the document was not signed by the treating doctor or referral doctor, the insurance carrier's denial reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

February 10, 2016
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of this *Medical Fee Dispute Resolution Findings and Decision***, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.