



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

OCCUPATIONAL HEALTH RESOURCES

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-11-4216-02

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JULY 19, 2011

REQUESTOR'S POSITION SUMMARY

"I am faxing documents that were faxed to my office with additional documents from our office. My question is: Do I need to do anything else in order to be paid by Texas Mutual. Mr. Ball states that there was not a DWC ordered exam. I always enclose the DWC order (if there is one) along with the report, along with the bill so there are no questions. See documents. Also, for my records, how many times does the Health Care Provider need to request payment? Many times I have to bill...and then rebill...and then rebill..."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

"The requestor asserts these were DWC ordered exams and are reimbursable as such. Texas Mutual finds no order in its claim file from DWC for these. Nor has the requestor provided. A copy of the order in its DWC-60 packet. Further, Rule 133.250 prescribes the process for requesting reconsideration by a healthcare provider of a medical bill denied payment by a carrier...Texas Mutual reviewed its claim file and finds no request for reconsideration from the requestor."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 9, 2011	CPT Code 99456-WP Alternate Maximum Medical Improvement/Impairment Rating (MMI/IR) Exam	\$650.00	\$0.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Department of Insurance, Division of Workers' Compensation (DWC) and former 28 Texas Administrative Code (TAC) §133.307, amended to be effective May 25, 2008, 33 TexReg 3954.

Background

- Former 28 TAC §133.307, effective May 25, 2008 33 TexReg 3954, sets out the procedures for medical fee dispute resolution.

2. 28 TAC §130.12, effective March 14, 2004, 29 TexReg 2328, provides for the Finality of the First Certification of Maximum Medical Improvement and/or First Assignment of Impairment Rating.
3. Former 28 TAC §133.250, effective May 2, 2006, 31 TexReg 3544, sets out the procedures for medical bill processing and audit by insurance carriers.
4. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
 - CAC-W1-Workers compensation state fee schedule adjustment.
 - 743-MMI/IR has been determined by a Designated Doctor. Subsequent exams for MMI/IR not appropriate.

Issues

1. Is the respondent's denial of payment for CPT code 99456-WP supported?
2. Is the requestor due reimbursement for CPT code 99456-WP?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$650.00 for an alternate MMI/IR exam, CPT code 99456-WP, rendered on June 9, 2011.

The respondent denied reimbursement for the alternate MMI/IR based upon "743-MMI/IR has been determined by a Designated Doctor. Subsequent exams for MMI/IR not appropriate."

28 TAC §130.12(b) states, "A first MMI/IR certification must be disputed within 90 days of delivery of written notice through verifiable means, including IRs related to EOI disputes. The notice must contain a copy of a valid Form TWCC 69, Report of Medical Evaluation, as described in subsection (c). The 90-day period begins on the day after the written notice is delivered to the party wishing to dispute a certification of MMI or an IR assignment, or both. The 90-day period may not be extended."

The designated doctor Rodney Caldwell found claimant reached MMI on February 1, 2011 with a 0% IR.

A review of DWC records finds claimant appealed the designated doctor's decision of MMI/IR within the 90-day period; therefore, the respondent's denial based upon "743" is not supported.

2. The respondent wrote, "Texas Mutual reviewed its claim file and finds no request for reconsideration from the requestor."

Former 28 TAC §133.307(c)(2)(A) requires, "Provider Request. The provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include: (A) a copy of all medical bill(s), in a paper billing format using an appropriate DWC approved paper billing format, as originally submitted to the carrier and a copy of all medical bill(s) submitted to the carrier for reconsideration in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills)."

Former 28 TAC §133.250(h) states, "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with §133.305 of this chapter (relating to Medical Dispute Resolution - General)."

When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with §133.250(h). No documentation was found to support that the requestor sought reconsideration as required by Former 28 TAC §133.250(h) prior to seeking medical fee dispute resolution.

The DWC finds the requestor is not due reimbursement because the requestor did not submit the request for dispute resolution in the form and manner required by former 28 TAC §133.307(c)(2)(A).

Conclusion

The DWC concludes that this dispute was not filed in the form and manner prescribed under DWC rules at former 28 TAC §133.307. The DWC further concludes that the requestor failed to support its position that 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

11/25/2019

APPEAL TO A CONTESTED CASE HEARING

Former 28 Texas Administrative Code (TAC) §133.307 (f) amended to be effective May 25, 2008, 33 TexReg 3954 states that a party to a medical fee dispute may seek review of the MDR **decision or dismissal**.

A party to a medical fee dispute in which the amount in dispute equal to or less than \$2000.00 may request a DWC contested case hearing conducted by a DWC hearing officer. A benefit review conference **is not** a prerequisite to a DWC contested case hearing under this paragraph.

To request a DWC contested case hearing, fill out the DWC Form-045A (attached) with the DWC's Chief Clerk no later than the later of the 20th day after the effective date of this section or the 20th day after the date on which the decision is received by the appealing party. The party filing the DWC Form-045 shall deliver a copy to all other parties involved in the dispute at the same time the request for a hearing is filed with the DWC.

This decision that is not timely appealed becomes final.