



# 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**

SINGLETON, WRIGHT WILEY

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-12-2065

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

February 14, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The claim was sent to Texas Mutual Insurance Company in a timely manner and we never received payment. Please review documents that support that the claim was filed on time and with the appropriate codes and modifiers."

**Amount in Dispute:** \$1,150.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor provided RME MMI and IR exams of the claimant on 7/12/11 then billed Texas Mutual for this ... Because the bill was not coded correctly Texas Mutual denied payment. Further, Texas Mutual has no records of receiving a request for reconsideration from the requestor."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 12, 2011	RME Examination	\$1,150.00	\$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 (DWC).

**Background**

1. 28 Texas Administrative Code §133.20 sets out the requirements for submission of a medical bill.
2. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
3. 28 Texas Administrative Code §133.250, effective May 2, 2006, sets out the procedures for requests for reconsideration of a medical bill.
4. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

**Issues**

1. Did Dr. Singleton follow billing guidelines for this service?
2. Is Dr. Singleton entitled to reimbursement for the examination in question?

**Findings**

1. Dr. Singleton is seeking reimbursement for an examination performed on July 12, 2011. The billing codes considered in this dispute are 99456-WP and 99456-RE.

A health care provider is required to file a medical bill within 95 days from the date of service with few exceptions.<sup>1</sup> The only evidence of a medical bill submitted within 95 days for the date of service in question was an explanation of benefits denying payment dated August 18, 2011. However, this explanation of benefits was for billing codes 99456-W5 and 99456-W6. These codes are limited to designated doctor examinations and are not the codes considered in this dispute.

A request for reconsideration of a medical bill is required to reference the original bill and include the same billing codes, date of service, and dollar amounts as the original bill.<sup>2</sup> A medical bill for the billing codes in question was submitted with this dispute, dated November 4, 2011, along with a fax confirmation to Texas Mutual Insurance Carrier on the same date. The bill was stamped as a corrected bill. A letter with the same date indicated that the submission was a "Bill Reconsideration."

No evidence was submitted to indicate that a medical bill for the billing codes in question was submitted prior to November 4, 2011. The DWC concludes that the bill submitted on this date is the original bill for the codes in question.

The health care provider may request a reconsideration of a medical bill after 50 days from the submission of the original bill, if no explanation of benefits is received.<sup>3</sup> A health care provider is required to request reconsideration prior to a request for medical fee dispute resolution.<sup>4</sup> The DWC received no evidence that a reconsideration was requested for the original bill for the billing codes considered in this dispute.

2. Because Dr. Singleton failed to demonstrate that he followed the billing process prior to requesting a medical fee dispute resolution, the DWC finds that he is not entitled to reimbursement for the examination in question.

**Conclusion**

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

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

	Laurie Garnes	February 13, 2020
Signature	Medical Fee Dispute Resolution Officer	Date

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<sup>1</sup> 28 TAC §133.20 (b)  
<sup>2</sup> 28 TAC §133.250 (d)(1)  
<sup>3</sup> 28 TAC §133.250 (c)(2)  
<sup>4</sup> 28 TAC §133.250 (h)

### ***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.**