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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Gilbert Mayorga, M.D.

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-18-3566-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
May 24, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In brief, the patient was evaluated on 08/01/2017. However, due to difficulties in obtaining his neuropsychiatric report from Bob Gant, PhD which caused multiple delays, the final report and final billing was not submitted until 101 days as noted in Mr. Ball's report. However, prior to the 95th day a bill was forwarded to the carrier. Please find attached documentation which was sent with the original billing preserving the 95th day rule."

Amount in Dispute: $850.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual received the bill from the requestor 11/10/17, 101 days from 8/1/17, and past timely filing … The requestor provided a letter from TDI-DWC approving DWC approving additional time to complete the designated doctor report. However, timely filing requirements are not modified by approval of additional time letters from the regulatory agency."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 1, 2017	Designated Doctor Examination	$850.00	$850.00

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

1. 28 Texas Administrative Code §133.20 sets out the guidelines for submitting medical bills.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the extent

of the compensable injury.

4. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-29 – The time limit for filing has expired.
   - 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date of service.

Issues

1. Are the insurance carrier's reasons for denial of payment supported?
2. Is the requestor entitled to reimbursement for the service in question?

Findings

1. Gilbert Mayorga, M.D. is seeking reimbursement for a designated doctor examination performed on August 1, 2017. Texas Mutual Insurance Company (Texas Mutual) denied reimbursement based on failure to submit the medical bill in a timely manner.

   Dr. Mayorga had an obligation to **submit** a medical bill to the insurance carrier for the services in question within 95 days of the date of service.[1] Documentation submitted to the division supports that medical billing for the services in question was submitted to Texas Mutual via fax on October 30, 2017, which is less than 95 days after the date of service.

   The division concludes that Texas Mutual's denial of the disputed services is not supported.

2. Because the denial of payment for the examination in question was not supported, Dr. Mayorga is eligible for reimbursement. The division calculates the maximum allowable reimbursement (MAR) as follows:

   The MAR for determining maximum medical improvement is $350.00.[2] Dr. Mayorga found that the employee was not at maximum medical improvement, therefore no impairment rating was calculated or billed.

   The MAR for other examinations performed by designated doctors is $500.00.[3] Documentation supports that Dr. Mayorga performed an examination to determine the extent of the compensable injury. The MAR for this examination is $500.00.

   The total MAR for the disputed services is $850.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $850.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $850.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

[1] 28 Texas Administrative Code §133.20(a) & (b)
[2] 28 Texas Administrative Code §134.250(2)(A) & (3)(C)
[3] 28 Texas Administrative Codes §§134.235 and 134.240(2)

Authorized Signature

	Laurie Garnes	September 24, 2018
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

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