



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

Adam Alexander, D.C.

Respondent Name

Old Republic General Insurance Corporation

MFDR Tracking Number

M4-19-2446-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

January 8, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Texas Labor Code §408.0041 requires insurance carrier to reimburse designated doctors for examinations ordered by the Commissioner of Workers' Compensation."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Fee Schedule review has determined the denial is correct as the bill was submitted over 95 days from the date of service."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: August 17, 2018, Designated Doctor Examination, \$350.00, \$350.00

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 procedures for submission of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for an examination to determine maximum medical improvement and impairment rating.
4. Texas Labor Code §408.0041 sets out the requirements regarding a designated doctor examination.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 164 (146) - Diagnosis was invalid for the date(s) of service reported.
- 29 - The time limit for filing has expired.

- 663 – Reimbursement has been calculated according to state fee schedule guidelines
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.

Issues

1. Is the insurance carrier’s denial of payment based on timely filing supported?
2. Is the insurance carrier’s denial of payment based on diagnosis supported?
3. Is the requestor entitled to reimbursement for the examination in question?

Findings

1. Dr. Alexander is seeking reimbursement for a designated doctor examination. Per explanation of benefits dated December 26, 2018, the insurance carrier denied the examination based on timely filing.

The healthcare provider is required to submit a medical bill to the insurance carrier within 95 days from the date of service.¹ The examination in question was performed on August 17, 2018.

The documentation submitted to the division support that Dr. Alexander submitted a bill for the examination in question on or before November 1, 2018. The division finds that the disputed examination was filed within 95 days. Therefore, the insurance carrier’s denial for this reason is not supported.

2. In its explanation of benefits dated November 1, 2018, the insurance carrier denied the designated doctor examination based on diagnosis.

Review of information available to the division finds that Dr. Alexander performed an examination to determine maximum medical improvement in accordance with an order from the Commissioner of the Division of Workers’ Compensation. The division finds that the insurance carrier’s denial of payment for this reason is not supported.

3. Because the insurance carrier did not support its denial of payment for the designated doctor examination in question, Dr. Alexander is eligible for reimbursement.

If the designated doctor determines that maximum medical improvement has not been reached, the designated doctor is required to bill the examination with CPT code 99456 and modifier “NM.”² Reimbursement is \$350.00 for this examination.³ The submitted documentation supports that Dr. Alexander performed an evaluation of maximum medical improvement as ordered by the division. Therefore, the maximum allowable reimbursement for this examination is \$350.00. 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 \$350.00.

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 \$350.00, 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(b)

² 28 Texas Administrative Codes §§134.250(2)(A)

³ 28 Texas Administrative Code §134.250(3)(C)

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

March 13, 2019
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.