



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

Geneva Medical Management, Inc.

Respondent Name

University Health System

MFDR Tracking Number

M4-19-4201-01

Carrier's Austin Representative

Box Number 16

MFDR Date Received

May 22, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These services were requested and prescribed by the Division."

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of adjudication.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 2, 2018	Designated Doctor Examination	\$100.00	\$100.00

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determination of maximum medical improvement and impairment rating.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 89 – Professional fees removed from charges.
 - 289 – The recommended allowance is based on the value for the technical component of the service performed.
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.

- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for determination of the impairment caused by the compensable injury was also performed.

Issues

1. Did University Health System respond to the medical fee dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The Austin carrier representative for University Health System is Adami Shuffield Scheihing & Burns. Adami Shuffield Scheihing & Burns acknowledged receipt of the copy of this medical fee dispute on May 29, 2019. Rule §133.307(d)(1) states that if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

2. Geneva Medical Management, Inc. is seeking reimbursement for a designated doctor examination performed on November 2, 2018. Dr. Lida Dahm was ordered by the DWC to determine if the injured employee reached maximum medical improvement and, if so, the impairment rating.

Submitted evidence supports that Dr. Dahm performed this examination and submitted a bill in a timely manner. The insurance carrier reduced the bill citing medical fee guidelines.

The maximum allowable reimbursement (MAR) for an examination to determine if the injured employee reached maximum medical improvement is \$350.00.¹

Submitted documentation shows that Dr. Dahm provided impairment rating evaluations, including range of motion for two musculoskeletal body areas – the upper extremities and lower extremities.² The MAR for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.³ The MAR for the evaluation of a subsequent musculoskeletal body area is \$150.00.⁴ The total MAR for the determination of impairment rating considered in this dispute is \$450.00.

The total allowed amount for the designated doctor examination is \$800.00. The insurance carrier reimbursed \$700.00. An additional reimbursement of \$100.00 is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$100.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$100.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

October 4, 2019
Date

¹ 28 TAC §134.250(3)(C)

² 28 TAC §134.250(4)(C)(i)

³ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

⁴ 28 TAC §134.250(4)(C)(ii)(II)(-b-)

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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.