



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

Medical Evaluators of Texas

Respondent Name

XL Specialty Insurance Company

MFDR Tracking Number

M4-19-4203-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 22, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Despite multiple complete and clean bill submissions for this claim, the carrier has refused to process in accordance with the Texas Administrative Code. MET requests the balance of the claim be paid in full, in the amount of \$260.00."

Amount in Dispute: \$260.00

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

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 2, 2019, Designated Doctor Examination, \$260.00, \$260.00

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 §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury and the ability of the injured employee to return to work.
3. 28 Texas Administrative Code §134.240 sets out the fee guidelines for designated doctor examinations.
4. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment ratings.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
• 002 – Charges exceed maximum allowance found in the reimbursement manual.

- A80 – Payment made at 80% of audited charges.
- 152 – Charge exceeds maximum reimbursable allowance.
- 380 – Out of state providers who treat Louisiana workers are reimbursed to the fee schedule in which treatment was provided.

Issues

1. Does the dispute in question involve a Louisiana claim?
2. Is Medical Evaluators of Texas entitled to additional reimbursement?

Findings

1. Medical Evaluators of Texas is seeking reimbursement for a designated doctor examination performed on February 2, 2019. The insurance carrier reduced the reimbursement stating, “Out of state providers who treat Louisiana workers are reimbursed to the fee schedule in which treatment was provided.”

A review of information available to the DWC finds that the claim involved in this dispute is a Texas workers’ compensation claim. This examination was performed on order from the DWC. The reduction for this reason is not supported.

2. The insurance carrier also cited the fee guidelines for its reduction.

The submitted documentation supports that Dr. Nilima Rai performed an evaluation of maximum medical improvement as ordered by the DWC. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.¹

Review of the submitted documentation finds that Dr. Rai performed an impairment rating evaluation of an abdominal hernia. The MAR for the evaluation of a non-musculoskeletal body area is \$150.00.²

The submitted documentation indicates that Dr. Rai was ordered to address maximum medical improvement, impairment rating, and extent of injury. The narrative report and enclosed forms support that these evaluations were performed, and one additional impairment rating was provided. Therefore, the correct MAR for this service is \$50.00.³

The submitted documentation indicates that Dr. Rai performed an examination to determine the extent of the compensable injury and the ability of the injured employee to return to work. The MAR for the first examination is \$500.00.⁴ The MAR for the second examination is \$250.00.⁵

The total allowable for the examination in question is \$1,300.00. The insurance carrier paid \$1,040.00. An additional reimbursement of \$260.00 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 \$260.00.

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 \$260.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 TAC §134.250(3)(C)

² 28 TAC §134.250(4)(D)(v)

³ 28 TAC §134.250(4)(B)

⁴ 28 TAC §134.235

⁵ 28 TAC §134.240(2)(B)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

October 4, 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 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.