



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

Jeffery Parkin, D.C.

Respondent Name

Hyatt Corporation

MFDR Tracking Number

M4-19-4579-01

Carrier's Austin Representative

Box Number 48

MFDR Date Received

June 20, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... when multiple examinations under the same specific Division order are performed concurrently the first examination is reimbursed at 100% of the set fee schedule ..."

Amount in Dispute: \$250.00

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: January 26, 2019, Designated Doctor Examination, \$250.00, \$250.00

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.235 sets out the fee guidelines for extent of injury examinations.
3. 28 Texas Administrative Code §134.240 sets out the fee guidelines for designated doctor examinations.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
• 59 – processed based on multiple or concurrent procedure rules.

Issues

1. Did Hyatt Corporation respond to the medical fee dispute?
2. Is Dr. Parkin entitled to additional reimbursement for the examination in question?

Findings

1. The Austin carrier representative for Hyatt Corporation is Gallagher Bassett Services. Gallagher Bassett Services acknowledged receipt of the copy of this medical fee dispute on June 27, 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 §133.307(d)(1).

2. Dr. Parkin submitted this dispute for a designated doctor examination that included maximum medical improvement (MMI), impairment rating (IR), extent of the compensable injury, and multiple calculations of impairment. Dr. Parkin is seeking reimbursement for the examination to determine the extent of the compensable injury.

Whether MMI and IR is performed or not, reimbursement for this examination to determine the extent of the compensable injury is \$500.00.¹ The submitted documentation indicates that Dr. Parkin performed an examination to determine the extent of the compensable injury.

Based on the information above, the correct MAR for this examination is \$500.00. Hyatt Corporation reimbursed \$250.00. The DWC recommends an additional reimbursement of \$250.00.

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 \$250.00.

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 \$250.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	September 13, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

¹ 28 TAC §134.235

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.