



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

Texas Impairment Exam

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-19-4621-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

June 24, 2019

Response submitted by:

The Sylvera Firm

REQUESTOR'S POSITION SUMMARY

"This report and bill was performed according to TDWC rules and should be paid in full."

RESPONDENT'S POSITION SUMMARY

"The Requestor attempts to be paid for an evaluation to determine maximum medical improvement and impairment rating on a claim that was denied in its entirety by the carrier prior to the examination, and ultimately determined to be not compensable by and administrative law judge pursuant to the July 30, 2019 decision and order."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2018	Examination to Determine Maximum Medical Improvement	\$350.00	\$0.00

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, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.305, effective March 30, 2014 sets out the general procedure for Dispute Resolution.
3. 28 Texas Administrative Code § 142.16, effective May 10, 2000, provides for the decision process in the Benefit Contested Case Hearing.
4. 28 Texas Administrative Code §133.240, effective March 30, 2014 provides for medical bill processing/audit by insurance carrier.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment

reason codes:

- 16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- F636 – Bill date is required. Please resubmit corrected bill.
- A1 – Claim/service denied.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- XB27 – Claim-Service denied.

Issues

Is the insurance carrier’s denial of payment for the examination in question supported?

Findings

The requestor is seeking medical fee dispute resolution for an examination to determine maximum medical improvement, procedure code 99456-NM, in the amount of \$350.00.

The respondent issued explanations of benefits denying the examination based on compensability of the injury. In its response to the medical fee dispute, the respondent provided a copy of the Plain Language Notice. The insurance carrier also provided an order by the DWC hearings section on July 30, 2019, concluding that the claim was not compensable. That decision was not appealed and is therefore final.

The DWC concludes that the carrier’s denials of payment are supported.

Conclusion

The services in dispute were provided for injuries that are not part of the compensable injury. As a result, no reimbursement is due

ORDER

Based upon the documentation submitted by the parties, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

_____	Laurie Garnes	September 18, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this division decision. To appeal, submit DWC Form-045M titled **Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

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.

If you have questions about the division Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov