



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

Blessing Anyatonwu, D.C.

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-19-5323-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 28, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On Wednesday, July 31st the medical bill was faxed to the adjuster, Becky Clifton. The bill was also mailed to the Insurance Bill Review Agent listed on the DWC-32. On Saturday, August 24th I received a letter from Coventry stating that the account is closed."

Amount in Dispute: \$1,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill related to the above captioned MDR has been sent to bill review. As soon as it has been processed an addendum reponse will be issued."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 25, 2019	Designated Doctor Examination	\$1,150.00	\$1,150.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the ability of the injured employee to return to work.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The submitted documentation does not include explanations of benefits for the services in question.

Issues

1. Did the insurance carrier take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is Dr. Anyatonwu entitled to reimbursement for the services in question?

Findings

1. Dr. Anyatonwu is seeking reimbursement for a designated doctor examination ordered by the DWC performed on July 25, 2019. Dr. Anyatonwu stated:

On Wednesday, July 31st the medical bill was faxed to the adjuster, Becky Clifton. The bill was also mailed to the Insurance Bill Review Agent listed on the DWC-32.

The insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to the DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to raise any defenses for denial of payment, Dr. Anyatonwu is entitled to reimbursement.

The submitted documentation supports that Dr. Anyatonwu 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

The submitted documentation supports that Dr. Anyatonwu provided an impairment rating, which included a musculoskeletal body area, performing a full physical evaluation with range of motion of the left upper extremity. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.²

The submitted documentation indicates that Dr. Anyatonwu performed an examination to determine the ability of the injured employee to return to work. The correct MAR for this examination is \$500.00.³

The total allowable reimbursement for the services in question is \$1,150.00. This amount 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 \$1,150.00.

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 \$1,150.00, 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
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¹ 28 TAC §134.250(3)(C)
² 28 TAC §134.250(4)(C)(ii)(II)(-a-)
³ 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.