



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

HERITAGE NETWORK PHYSICIAN SERVICES

Respondent Name

Standard Fire Insurance Company

MFDR Tracking Number

M4-20-0391-01

Carrier's Austin Representative

Box Number 5

MFDR Date Received

October 14, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier claims they should be released from liability because the claim was not 'mailed to ESIS, Inc.'. The DD was never given any direction or information to identify ESIS to be involved in this case."

Amount in Dispute: \$800.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was not received by ESIS, Inc. until 11-15-19 and has been properly denied for timely filing. Furthermore, per the attached HCFA form the bill was not mailed to ESIS, Inc."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 19, 2019	Designated Doctor Examination	\$800.00	\$800.00

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 §133.210 sets out the requirements for medical documentation.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The submitted documents did not include explanations of benefits dated prior to the request for medical fee dispute resolution.

Issues

1. Did Standard Fire Insurance Company take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is Heritage Network Physician Services entitled to reimbursement to reimbursement for the bill in question?

Findings

1. Heritage Network Physician Services is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR).

Edward W. Smith, D.O. argued that no explanations of benefits were received for the examination in question. Evidence supports that Heritage Network Physician Services submitted a bill for the examination to the insurance carrier or its agent on or about June 26, 2019, and August 19, 2019.

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.¹

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 present a denial of payment for the examination in question prior to a request for medical fee dispute, the DWC finds that the requestor is entitled to reimbursement.

The submitted documentation supports that Dr. Smith performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.²

Review of the submitted documentation finds that Dr. Smith performed impairment rating evaluations of the lower extremities and spine. The MAR for the evaluation of the lower extremities, a musculoskeletal body area performed with range of motion, is \$300.00.³ The MAR for the evaluation of the spine, a subsequent musculoskeletal body area, is \$150.00.⁴ The total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the examination in question is \$800.00. 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 \$800.00.

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 \$800.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 TAC §133.240 (a)

² 28 TAC §134.250 (3) (C)

³ 28 TAC §134.250 (4) (C) (ii) (II) (-a-)

⁴ 28 TAC §134.250 (4) (C) (ii) (II) (-b-)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

December 9, 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.