



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

DEON, LAURA L

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-20-0493-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 23, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "AS STATED IN THE RFR TO THE CARRIER THE CLAIM WAS SUBMITTED ON 3/22/2019 AS NOTED IN THE TIMESTAMP ON EACH PAGE. YET THE CLAIM IS DENIED FOR TIMELY FILING."

Amount in Dispute: \$700.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 6/13/19 received the bill from LAURA L DEON MD ... The fax dates in the DWC60 packet show documents faxing. However, no confirmation sheets have been provided by the requestor. Further, Texas Mutual reviewed its claim file and found no documents directly corresponding with the faxing dates or the number of pages faxed."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 1, 2019	Designated Doctor Examination (99456-W5-WP)	\$650.00	\$650.00
March 1, 2019	Designated Doctor Examination (99456-SP)	\$50.00	\$50.00
Total		\$700.00	\$700.00

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 §133.20 sets out the procedures for submitting a medical bill.
- 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.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-29 – The time limit for filing has expired.
 - 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date of service.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services.

Issues

1. Are Texas Mutual Insurance Company's reasons for denial of payment supported?
2. Is Laura Deon, M.D. entitled to reimbursement for the examination?

Findings

1. Dr. Deon is seeking reimbursement for a designated doctor examination performed on March 1, 2019. Texas Mutual Insurance Company denied payment based on timely filing.

A health care provider is required to submit a medical bill to the insurance carrier within 95 days from the date of service.¹ Dr. Deon submitted evidence that supports that the bill was **submitted** to Texas Mutual Insurance Company on March 22, 2019 via fax.

The insurance carrier's denial of payment based on timely filing is not supported.

2. Because the insurance carrier's denial of payment was not supported, Dr. Deon is entitled to reimbursement for the examination in question.

The submitted documentation supports that Dr. Deon 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. Deon performed impairment rating evaluations of the head and eyes. The MAR for the evaluation of non-musculoskeletal body areas is \$150.00 each.³ The total MAR for the determination of impairment rating is \$300.00.

Dr. Deon referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for the eyes. The use of this report is noted in the narrative. Therefore, the correct MAR for this service is \$50.00.⁴

The total allowable reimbursement for the designated doctor examination in question is \$700.00. 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 \$700.00.

¹ 28 TAC §133.20 (b)

² 28 TAC §134.250(3)(C)

³ 28 TAC §134.250(4)(D)(v)

⁴ 28 TAC §134.250 (4)(D)(iii)

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 \$700.00, 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	December 18, 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.