



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

GENEVA MEDICAL MGMT INC

Respondent Name

Bridgefield Casualty Insurance

MFDR Tracking Number

M4-20-0803-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

December 2, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These services were requested and prescribed by the Division."

Amount in Dispute: \$450.00

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: August 16, 2019, Designated Doctor Examination, \$450.00, \$450.00

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 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. Texas Insurance Code Chapter 1305 sets out the network guidelines.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - Workers' compensation jurisdictional fee schedule adjustment. This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 926 - PPO not utilized per agreement

Issues

1. Did Bridgefield Casualty Insurance respond to the medical fee dispute?
2. Is this examination subject to network reimbursement?
3. Is Geneva Medical Mgt, Inc. entitled to additional reimbursement for the examination in question?

Findings

1. The Austin insurance carrier representative for Bridgefield Casualty Insurance is Downs Stanford, PC. The representative received the copy of this medical fee dispute on December 6, 2019. 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.¹

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

2. Geneva Medical Mgt, Inc. is seeking additional reimbursement for a designated doctor examination, ordered by the DWC, performed on August 16, 2019. The insurance carrier reduced the billed charges, in part, based on network affiliation.

Designated doctor examinations are not subject to network reimbursement.² Reimbursement for these examinations is found in 28 TAC §134.250.

3. The submitted documentation supports that Dr. Ursula D. Funderburk performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.³

Review of the submitted documentation finds that Dr. Funderburk performed impairment rating evaluations of the right shoulder and left knee with range of motion performed. The MAR for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.⁴ The MAR for the evaluation of a subsequent musculoskeletal body area is \$150.00.⁵ The total MAR for the determination of impairment rating for this examination is \$450.00.

The total allowable reimbursement for the examination in question is \$750.00. The insurance carrier paid \$350.00. An additional \$450.00 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 \$450.00.

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 \$450.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 TAC §133.307 (d)(1)

² 28 TAC §134.1

³ 28 TAC §134.250(3)(C)

⁴ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

⁵ 28 TAC §134.250(4)(C)(ii)(II)(-b-)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

January 22, 2020

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.