



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

PACIFIC BILLING

Respondent Name

AIG PROPERTY CASUALTY CO

MFDR Tracking Number

M4-20-0929-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 13, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: " DESIGNATED DOCTOR EXAM ... CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS ... THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

No response was received

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: May 17, 2019, Designated Doctor Exam, \$650.00, \$650.00

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.

Background

- 1. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of medical bills.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. The DWC did not receive explanations of benefits with the submitted documentation.

Issues

1. Did AIG Property Casualty Co respond to the medical fee dispute?
2. Did AIG Property Casualty Co take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
3. Is Pacific Billing entitled to reimbursement for the examination in question?

Findings

1. The Austin carrier representative for AIG Property Casualty Co is Flahive Ogden & Latson. Flahive Ogden & Latson acknowledged receipt of the copy of this medical fee dispute on December 19, 2019. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

2. Pacific Billing is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR). Pacific Billing argued that there was “No Response to Billing” for the examination in question.

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 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.

3. Because the insurance carrier failed to submit any reason for denial of payment or evidence that payment was made, Pacific Billing is entitled to reimbursement for the examination in question.

The submitted documentation supports that Dr Daniel A Lerma performed an evaluation of MMI as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.

The submitted documentation supports that Dr Daniel A Lerma provided an IR for a musculoskeletal body area, performing a full physical evaluation with range of motion of the right shoulder. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.

The submitted documentation indicates that Dr Daniel A Lerma performed an examination to determine maximum medical improvement and impairment rating. The MAR for this examination is \$650.00

The total allowable reimbursement for the examination in question is \$650.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$650.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 07, 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 division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division 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.