



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

City of Austin

MFDR Tracking Number

M4-20-1092-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

December 31, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$850.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill for date of service for 08/09/2019 was received via fax on 08/22/2019. The bill was processed as a Request for information on 8/27/2019 as the ICD-10 code ... is an invalid code."

Response Submitted by: Sedgwick

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: August 9, 2019, Designated Doctor Examination, \$850.00, \$850.00

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 §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the ability of an injured employee to return to work.
4. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
5. The documentation submitted to the DWC did not include explanations of benefits.

**Issues**

1. Did City of Austin take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is Pacific Billing entitled to reimbursement for the services in question?

**Findings**

1. Pacific Billing is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and the injured employee’s ability to return to work.

Pacific Billing argued that it had not received payment for medical bills submitted for the examination in question. Sedgwick, on behalf of City of Austin, confirmed that the bills were received via fax on August 22, 2019, and October 23, 2019. Sedgwick argued that the bills were processed as a request for information.

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.<sup>1</sup>

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. The DWC finds that Pacific Billing is entitled to reimbursement for the examination in question because City of Austin did not give a reason for not paying the billed amount.

The evidence supports that Dr. Kirk Bradford performed an evaluation of maximum medical improvement. The reimbursement for this examination is \$350.00.<sup>2</sup>

The submitted documentation indicates that Dr. Bradford performed an examination to determine the injured employee’s ability to return to work. Therefore, the reimbursement for this examination is \$500.00.<sup>3</sup>

The total allowable reimbursement for this examination is \$850.00. 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 \$850.00.

***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 \$850.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

	Laurie Garnes	January 24, 2020
Signature	Medical Fee Dispute Resolution Officer	Date

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<sup>1</sup> 28 TAC §133.240 (a)  
<sup>2</sup> 28 TAC §134.250(3)(C)  
<sup>3</sup> 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.**