



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

HAYES, MARCUS PAUL

Respondent Name

PA Manufacturers Association Insurance Company

MFDR Tracking Number

M4-20-1106-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 31, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The 09/05/2019 DWC-024 clearly states that the parties agreed that the diagnosis billed is compensable. Additionally, the parties agreed to the MMI certification and IR determination performed by Marcus Hayes, DC.

Therefore, AI&FATC requests PMA Companies to remit the balance due of \$650 plus interest for said procedure performed on said patient on said date."

Amount in Dispute: \$650.00

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

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 28, 2019	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$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 (DWC).

Background

- 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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P4 – Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment.

- P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies, use only if no other code is applicable.

Issues

1. Did PA Manufacturers Association Insurance Company respond to the medical fee dispute?
2. Is this dispute subject to dismissal based on compensability?
3. Is Marcus Hayes, D.C. entitled to reimbursement for the examination in question?

Findings

1. The Austin insurance carrier representative for PA Manufacturers Association Insurance Company is Flahive, Ogden & Latson. The representative received the copy of this medical fee dispute on January 7, 2020. 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. Dr. Hayes is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed on August 28, 2019. On its explanation of benefits dated November 12, 2019, the insurance carrier denied payment based on the compensability of the injury.

The explanation of benefits dated December 13, 2019, did not maintain this denial reason, basing lack of payment on fee guidelines. The DWC concludes that this dispute is not subject to dismissal based on compensability.

3. Because the insurance carrier failed to support its denial of payment, Dr. Hayes is entitled to reimbursement.

The submitted documentation supports that Dr. Hayes performed an evaluation of maximum medical improvement. The maximum allowable reimbursement (MAR) for this examination is \$350.00.²

The submitted documentation supports that Dr. Hayes provided an impairment rating, which included a musculoskeletal body area, performing a full physical evaluation with range of motion of the left knee. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.³

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

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 \$650.00, 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 §134.250(3)(C)

³ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

February 27, 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.