



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

New Hampshire Insurance Company

MFDR Tracking Number

M4-20-1120-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 3, 2020

REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$1,450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... the provider's DWC-60 packet does not include a DWC-68. However, a DWC-68 was required on the issue of the extent of the compensable injury. This is significant because Division rule 133.210 (c) requires that for a medical bill to be complete, there must be supporting documentation and this specifically includes designated doctor exams ... Absent a complete medical bill, the provider is not entitled to any reimbursement."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 22, 2019	Designated Doctor Examination	\$1,450.00	\$1,400.00

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 §133.10 sets out the requirements for a complete medical bill.
2. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of medical bills.
3. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine extent of injury and return to work.
5. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum

medical improvement and impairment rating.

6. The documentation submitted to the DWC did not include explanations of benefits.

Issues

1. Did New Hampshire Insurance Company 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 of the examination in question?

Findings

1. Pacific Billing is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR). Pacific Billing argued that it had not received payment for medical bills submitted for the examination in question.

Flahive, Ogden & Latson argued, on behalf of New Hampshire Insurance Company, that the bill was not complete because the Form DWC068 was missing.

A complete medical bill includes all the required fields specified in 28 TAC §133.10.¹ The evidence presented supports that all the required fields were included on the bill 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 a complete medical bill. This deadline is not extended by a request for additional information.²

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. Available documentation indicates that Dr. Beecher was ordered to address maximum medical improvement, impairment rating, extent of injury, and the ability of the injured employee to return to work.

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

The submitted documentation supports that Dr. Beecher provided an impairment rating of the left knee, a musculoskeletal body area, performing a full physical evaluation with range of motion. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.⁴

The performing doctor may bill \$50.00 for each additional impairment rating provided.⁵ The documentation provided indicates that Dr. Beecher provided only one impairment rating, which was for the compensable injury. Because Dr. Beecher found that the compensable condition with the disputed conditions was not at maximum medical improvement, no additional impairment rating was provided. No reimbursement is recommended for this service.

The submitted documentation indicates that Dr. Beecher performed examinations to determine extent of injury and the ability to return to work. Reimbursement is \$500.00 for the first examination⁶ and \$250.00 for the second examination.⁷

¹ 28 TAC §133.2 (4)

² 28 TAC §133.240 (a)

³ 28 TAC §134.250 (3)(C)

⁴ 28 TAC §134.250 (4)(C)(ii)(II)(-a-)

⁵ 28 TAC §134.250 (4)(B)

⁶ 28 TAC §134.235 and 28 TAC §134.240 (2)(A)

⁷ 28 TAC §134.235 and 28 TAC §134.240 (2)(B)

The total allowable reimbursement for the examination in question is \$1,400.00. 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 \$1,400.00.

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 \$1,400.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	<u>Laurie Garnes</u>	<u>January 24, 2020</u>
Signature	Medical Fee Dispute Resolution Officer	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.