



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CENTRAL TEXAS ORTHOPAEDIC

Respondent Name

SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number

M4-20-1490-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 14, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Billing company (MOMI) originally sent the bill to Safety National Insurance Company. This was the insurance company listed on the DWC32 form dated 06/04/2019. The billing company was notified one 11/18/2019 that the bill should've been sent to Gallagher Bassett ... The Designated Doctor in this situation feels the Safety National Insurance Corp and their agent Gallagher Bassett have acted in bad faith "

Amount in Dispute: \$500.00

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
July 22, 2019	Designated Doctor Examination	\$500.00	\$0.00

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 §133.20 sets out the procedures for submitting a medical bill.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired.

Issues

1. Did Safety National Casualty Corporation respond to the medical fee dispute?
2. Is Central Texas Orthopaedic entitled to reimbursement for the examination in question?

Findings

1. The Austin insurance carrier representative for Safety National Casualty Corporation is Flahive, Ogden & Latson. The representative received the copy of this medical fee dispute on February 21, 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. Central Texas Orthopaedic is seeking \$500.00 for a designated doctor examination performed on July 22, 2019. A health care provider is required to submit a medical bill to the insurance carrier or its agent within 95 days from the date of service with few exceptions.²

Central Texas Orthopaedic argued that the original bill was submitted directly to the insurance carrier rather than its bill review agent within 95 days from the date of service. No evidence was provided to support this argument.

Because Central Texas Orthopaedic failed to support its request for this charge, no reimbursement is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 28, 2020
Date

¹ 28 TAC §133.307(d)(1)

² 28 TAC §133.20 (b)

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.