



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

MEDICAL EVALUATORS OF TEXAS

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-20-1753-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

March 17, 2020

REQUESTOR'S POSITION SUMMARY

"The complete/clean bill was submitted to the carrier for reimbursement on 05/09/2019 by MET, Dr. Silver's billing provider.

On 0808/2019, MET received notice from indicating the bill could not be processed due to a missing NPI number for the facility. A call was made by MET to billing supervisor ... at that time. The MET representative explained ... that MET was not required to provide an NPI number as the billing provider. [The billing supervisor] agreed and stated the bill would be promptly processed.

Since then, no payment or explanation of benefits has been received by MET from the carrier, SORM."

Amount in Dispute: \$1,400.00

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
April 13, 2019	Designated Doctor Examination (99456-W5-WP x 2)	\$650.00	\$650.00
April 13, 2019	Designated Doctor Examination (99456-W8-RE)	\$500.00	\$500.00
April 13, 2019	Designated Doctor Examination (99456-W6-RE)	\$250.00	\$250.00
Total		\$1,400.00	\$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 completing a medical bill.

2. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
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 the compensable injury and ability to 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 does not include explanations of benefits.

Issues

1. Did State Office of Risk Management respond to the medical fee dispute?
2. Did State Office of Risk Management take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
3. Is Medical Evaluators of Texas entitled to reimbursement for the examinations in question?

Findings

1. State Office of Risk Management was notified of this medical fee dispute on March 20, 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. Medical Evaluators of Texas is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), the injured employee's ability to return to work, and the extent of the compensable injury.

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 deadline to make or deny payment is not extended pending a request for additional documentation.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.

3. Because the insurance carrier provided no defense for non-payment of the examinations in question, the DWC finds that Medical Evaluators of Texas is entitled to reimbursement.

The submitted documentation supports that Charles Silver, M.D. performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.³

Review of the submitted documentation finds that Dr. Silver performed impairment rating evaluations of the lumbar spine and a head contusion. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.⁴ The MAR for the evaluation of non-musculoskeletal body areas is \$150.00 each.⁵ The total MAR for the determination of impairment rating is \$300.00.

The submitted documentation indicates that Dr. Silver performed an examination to determine the ability of the injured employee to return to work and the extent of the compensable injury. The MAR for such examinations is \$500.00.⁶ Not including maximum medical improvement and impairment rating, when

¹ 28 TAC §133.307(d)(1)

² 28 TAC §133.240 (a)

³ 28 TAC §134.250(3)(C)

⁴ 28 TAC §134.250(4)(C)(ii)(I)

⁵ 28 TAC §134.250(4)(D)(v)

⁶ 28 TAC §134.235

multiple examinations of this type are required, the first examination is reimbursed at 100%, the second examination is reimbursed at 50%, and additional examinations are reimbursed at 25%.⁷

For this dispute, the MAR for the examination to determine the ability of the injured employee to return to work is \$500.00. The examination to determine the extent of the compensable injury is \$250.00.

The total allowed reimbursement for the examinations 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

_____	_____	July 21, 2020
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.

⁷ 28 TAC §134.240 (2)