



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

GARCIA, JUAN

Respondent Name

ABF FREIGHT SYSTEM INC

MFDR Tracking Number

M4-20-2599-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

June 30, 2020

REQUESTOR'S POSITION SUMMARY

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$800.00

RESPONDENT'S POSITION SUMMARY

The Austin carrier representative for ABF Freight System, Inc. is Parker & Associates, LLC. The representative was notified of this medical fee dispute on July 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.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 19, 2019	Designated Doctor Examination (99456-W5-WP)	\$800.00	\$800.00

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

¹ 28 TAC §133.307(d)(1)

4. The submitted documentation does not include explanations of benefits.

Issues

- 1. Did ABF Freight System, Inc. take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
- 2. Is Juan Garcia, D.C. entitled to reimbursement for the examination in question?

Findings

- 1. Dr. Garcia is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR). Dr. Garcia argued that he had not received payment or an explanation of denial for medical bills submitted for the examination 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 the 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. Because the insurance carrier presented no defense for its lack of payment, Dr. Garcia is entitled to reimbursement.

The submitted documentation supports that Dr. Garcia 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. Garcia performed IR evaluations of the left shoulder and cervical spine with range of motion testing. The MAR for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.⁴ The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.⁵ The total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the disputed examination is \$800.00. 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 \$800.00.

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 \$800.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	August 25, 2020 Date
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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)(C)(ii)(II)(-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.