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

Requester Name
MAYORGA, GILBERT JR

Respondent Name
ARCH INDEMNITY INSURANCE CO

MFDR Tracking Number
M4-20-2912-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
August 13, 2020

REQUESTER'S POSITION SUMMARY

"In brief, we have not been paid to date for the service provided."

Amount in Dispute: $1,300.00

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
August 28, 2019	Designated Doctor Examination (99456-W5-WP)	$800.00	$800.00
August 28, 2019	Designated Doctor Examination (99456-W6-RE)	$500.00	$500.00
	Total	$1,300.00	$1,300.00

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. The submitted documentation did not include explanations of benefits.

Issues

1. Did Arch Indemnity Insurance Company respond to the medical fee dispute?
2. Did Arch Indemnity Insurance Company take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
3. Is Gilbert Mayorga, M.D. entitled to reimbursement for the examination in question?

Findings

1. The Austin carrier representative for Arch Indemnity Insurance Company is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on August 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. Dr. Mayorga is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR), 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.[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 failed to raise any defense of its lack of payment for the services in question, Dr. Mayorga is entitled to reimbursement.

   The submitted documentation supports that Dr. Mayorga performed an evaluation of MMI 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. Mayorga performed impairment rating evaluations of the lumbosacral spine and upper extremity 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 submitted documentation indicates that Dr. Mayorga performed an examination to determine the extent of the compensable injury. The MAR for this examination is $500.00.[6]

   The total allowance for the examination in question is $1,300.00. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requester has established that additional reimbursement is due. As a result, the amount ordered is $1,300.00.

[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)(II)(-a-)
[5] 28 TAC §134.250(4)(C)(ii)(II)(-b-)
[6] 28 TAC §134.235

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requester is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requester $1,300.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

		October 20, 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.