



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

GANS, CYNTHIA

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-21-0552-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 30, 2020

REQUESTOR'S POSITION SUMMARY

"CERTIFYING DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Amount in Dispute: \$650.00

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
January 4, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	\$650.00	\$650.00

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired.
 - 4271 – Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did Zurich American Insurance Company respond to the medical fee dispute?
2. Is the insurance carrier's denial of payment supported?
3. Is Cynthia Gans, D.C. entitled to reimbursement for the examination in question?

Findings

1. The Austin carrier representative for Zurich American Insurance Company is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on December 8, 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. Gans is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed on January 4, 2020. The insurance carrier denied payment based on timely filing.

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 Submitted evidence supports that Dr. Gans submitted a complete medical bill to the insurance carrier or its agent on or about January 27, 2020.

The DWC concludes that the insurance carrier's denial of payment is not supported.

3. Because the insurance carrier's denial of payment was not supported, Dr. Gans is entitled to reimbursement for the examination in question.

The submitted documentation supports that Dr. Gans performed an evaluation of maximum medical improvement. The maximum allowable reimbursement (MAR) for this examination is \$350.00.³

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

The total allowed amount is \$650.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. 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 \$650.00.

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 \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 TAC §133.307(d)(1)

² 28 TAC §133.20 (b)

³ 28 TAC §134.250(3)(C)

⁴ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 26, 2021

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.