



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

GADDIS, KRISTIE A

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-21-1373-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

April 8, 2021

REQUESTOR'S POSITION SUMMARY

"YOU HAVE FAILED TO PROCESS PAYMENT FOR THIS CLAIM PER THE TDI-DWC GUIDELINES."

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

"Upon receipt of the MDR request, the bill as sent for reconsideration. The review determined that the provider is not due additional money."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 9, 2020, Designated Doctor Examination (99456-W5-WP), \$500.00, \$500.00

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. The submitted documentation does not include explanations of benefits issued before the request for medical fee dispute resolution.

## **Issues**

1. Did Old Republic Insurance Company take final action on the bill for the service in question prior to the request for medical fee dispute resolution?
2. Is Kristie A. Gaddis, D.C. entitled to reimbursement for the examination in question?

## **Findings**

1. Dr. Gaddis is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

Dr. Gaddis argued that no payment or explanation of benefits was received for medical bills submitted for the examination in question. ESIS, on behalf of Old Republic Insurance Company, argued that the requestor was not due additional money based on attached explanations of benefits.

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.<sup>1</sup>

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.

The insurance carrier submitted an explanation of benefits dated April 19, 2021, denying payment based on duplicate billing. This date is after the request for medical fee dispute resolution was requested.

No evidence was provided to support that the insurance carrier took final action on the bill for the service in question prior to the request for medical fee dispute resolution.

2. Because the insurance carrier failed to support denial of payment for the designated doctor examination in question, Dr. Gaddis is entitled to reimbursement.

The submitted documentation supports that Dr. Gaddis performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.<sup>2</sup>

Review of the submitted documentation finds that Dr. Gaddis performed an impairment rating evaluation of the lumbar spine. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.<sup>3</sup>

The total allowable reimbursement for the examination in question is \$500.00. 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 \$500.00.

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<sup>1</sup> 28 TAC §133.240 (a)

<sup>2</sup> 28 TAC §134.250(3)(C)

<sup>3</sup> 28 TAC §134.250(4)(C)(ii)(I)

**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 \$500.00, 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

\_\_\_\_\_  
June 9, 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.**