

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

DONALD M. MCPHAUL MD

**Respondent Name**

ACIG INSURANCE COMPANY

**MFDR Tracking Number**

M4-21-1965-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

July 8, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2021	99204, 95886 and 95912	\$1,155.33	\$0.00
<b>Total</b>		<b>\$1,155.33</b>	<b>\$0.00</b>

### Requestor's Position

"There has been no payment issued on this claim and therefore, the total amount due is noted on the on tile original HCFA claim form as attached to this Request for Reconsideration. See Note above."

**Amount in Dispute:** \$1,155.33

### Respondent's Position

"A consulting doctor examines an injured employee in response to a request from the treating doctor. A consulting doctor cannot make referrals without the approval of the treating doctor... Dr. Obih was not the treating doctor, and under Division rule 180.22, he had no authority to refer the claimant for this procedure... Because Dr. Obih was not the treating doctor for the... work injury, the NCV /EMO was not authorized treatment for the claimant in accordance with Division rule 180.22(c). Accordingly, ACIG is not liable for reimbursement."

**Response Submitted by:** Burns Anderson Jury & Brennder, L.L.P.

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §180.22, effective January 9, 2011 requires the treating doctor to coordinate the claimant's health care.

### Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- B15 – A primary procedure has not been billed and/or recommended for payment. A charge for an add-on procedure cannot be paid.
- 080 – Denied per carrier.
- T185 – Rendering provider not eligible to perform service billed.

### Issues

Is the requestor due reimbursement for CPT codes 99204, 95886 and 95912 rendered on March 12, 2021?

### Findings

The insurance carrier denied disputed services with claim adjustment reason code "T185." The respondent contends that "A consulting doctor examines an injured employee in response to a request from the treating doctor. A consulting doctor cannot make referrals without the approval of the treating doctor... Dr. Obih was not the treating doctor, and under Division rule 180.22, he had no authority to refer the claimant for this procedure."

28 Texas Administrative Code §180.22(c) states "The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall: (1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

The Division reviewed the submitted medical documentation for the treatment in dispute and found that Dr. Obih was not the treating doctor on the disputed date of service, the referral for treatment in dispute was not provided in accordance with 28 TAC §180.22(c). As a result, reimbursement is not recommended.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the services in dispute.

## **Authorized Signature**

_____	_____	September 16, 2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).