

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

D.G. Eaves, D.C.

Respondent Name

Hartford Casualty Insurance Company

MFDR Tracking Number

M4-21-2180-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 5, 2020	Designated Doctor Examination (99456-W5-WP)	\$650.00	\$150.00

Requestor's Position

"The report and billing were timely delivered to the insurance carrier/adjuster listed on the DWC 32 form via fax on 09.15.2020 ... a reconsideration was forwarded (per DWC rules) on 12.05.2020 reflecting copies of the fax confirmation for insurance carrier/adjuster to the fax number listed on the TDI DWC 32 for for this evaluation ... It is my position that this bill should be reimbursed at its face value of \$650.00 per DWC rules."

Amount in Dispute: \$650.00

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the [reduction or denial] of payment for the disputed services.

Issues

1. Did Hartford Casualty Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is D.G. Eaves, D.C. entitled to additional reimbursement?

Findings

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

Dr. Eaves 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 by 28 TAC §133.240 (a) 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.

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. The submitted documentation supports that Dr. Eaves performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Eaves performed an impairment rating evaluation of the right knee. The narrative noted that "range of motion testing was not performed." The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an

impairment rating. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.

The total allowable reimbursement for the examination in question is \$500.00. Per email from Dr. Eaves, dated September 30, 2021, the insurance carrier paid \$350.00. An additional reimbursement of \$150.00 is 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 requester has established that additional reimbursement of \$150.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Hartford Casualty Insurance Company must remit to D.G. Eaves, D.C. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 11, 2021

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. 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.

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.