

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nilima Rai, M.D.

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-21-2185-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2021	Designated Doctor Examination (99456-W5-NM)	\$350.00	\$350.00

Requestor's Position

"The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 02/09/2021. The appointment took place on 02/27/2021 and the complete/clean bill was submitted to the carrier for reimbursement on 03/09/2021."

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for ACE American Insurance Company is Downs-Stanford, PC. The representative was notified of this medical fee dispute on August 3, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), 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.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.20 sets out the procedures for submission of medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. Texas Insurance Code, Chapter 1305 provides the guidelines for workers' compensation certified health care networks.

Denial Reasons

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

- FNOC – Non-contracted provider.
- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Is ACE American Insurance Company's denial based on non-contracted provider supported?
2. Is ACE American Insurance Company's denial based on timely filing supported?
3. Is Nilima Rai, M.D. entitled to additional reimbursement?

Findings

1. Dr. Rai is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. ACE American Insurance Company denied payment, in part, based on "non-contracted provider."

Per TIC §1305.101 (b), designated doctors cannot be part of the same network providing care to an injured employee. Therefore, designated doctors are not subject to network requirements. This denial reason is not supported.

2. ACE American Insurance Company also denied the disputed examination based on timely

filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Rai submitted the bill for the examination in question to the insurance carrier on or about March 9, 2021. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

3. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Rai is entitled to reimbursement.

The submitted documentation supports that Dr. Rai performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00. This amount 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 \$350.00 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 ACE American Insurance Company must remit to Nilima Rai, M.D. \$350.00 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.