

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

David Alvarado, D.C.

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-21-2211-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 30, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 6, 2020	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$500.00
October 6, 2020	Range of Motion Testing (95851 x 3)	\$84.39	\$84.39
	Total	\$584.39	\$584.39

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$584.39

Respondent's Position

The Austin carrier representative for Zurich American Insurance Company is Flahive, Ogden & Latson. 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 §133.240 sets out the procedures for payment or denial of medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guidelines for professional services.
4. 28 TAC §134.210 sets out the fee guidelines for workers' compensation specific services.
5. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.

Denial Reasons

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

Issues

1. Did Zurich American Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is David Alvarado, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Alvarado is seeking reimbursement for a designated doctor examination to determine the extent of a compensable injury.

Dr. Alvarado argued that he had not received payment or an explanation of denial for medical bills submitted for the examination in question.

According to 28 TAC §133.240 (a), 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.

The greater weight of evidence presented to 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. Because the insurance carrier failed to provide any defense of non-payment for the services in question, Dr. Alvarado is entitled to reimbursement.

The submitted documentation indicates that Dr. Alvarado performed an examination to determine the extent of a compensable injury. According to 28 TAC §134.235, the maximum allowable reimbursement for this examination is \$500.00.

The rules at 28 TAC §134.210 explain that an examination by a designated doctor to determine the extent of a compensable injury, represented by CPT code 99456 with modifiers "W6" and "RE," is a division-specific service not subject to Medicare billing rules. If the examining doctor determines that additional testing is required to make a determination, 28 TAC §134.235 requires that the testing be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

Documentation submitted to DWC supports that Dr. Alvarado performed range of motion testing for the cervical spine and bilateral shoulders. Range of motion testing, represented by CPT code 95851, was billed at one unit for each extremity and the spine. Therefore, Dr. Alvarado is entitled to reimbursement of this service at three units.

As stated in 28 TAC §134.203 (b) and (c), reimbursement for the services in question are based on Medicare policies using the conversion factor determined by DWC for the appropriate year. The conversion factor for 2020 is \$60.32. Therefore, the MAR is \$107.30. Requestor is seeking \$84.39.

The total allowable reimbursement for the examination in question is \$584.39. 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 \$584.39 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 Zurich American Insurance Company must remit to David Alvarado, D.C. \$584.39 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 14, 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.