

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

IKECHUKWU JOHN OBIH

Respondent Name

ACIG INSURANCE COMPANY

MFDR Tracking Number

M4-21-2316-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 11, 2021	99205-95	\$359.05	\$0.00
Total		\$359.05	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and i [sic] 34. The carrier has not responded or denied this claim in its entirety following our filing of Request for Reconsideration."

Amount in Dispute: \$359.05

Respondent's Position

"Based on the January 11, 2021, consultation report, the claimant was being treated for... As the disputed date of services are for the disputed, non-compensable conditions, under Rule 133.307(f)(3)(A), 1 this dispute should be dismissed."

Response Submitted by: Burns Anderson Jury & Brenner, 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 §133.305 sets out the general Medical Dispute Resolution guidelines.
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:

- 080 – Denied per carrier
- 185 – Denied, provider not eligible to perform service
- 185 & T185 – Rendering provider is not eligible to perform service billed.

Issues

1. Did the respondent raise new denial reasons or defenses in their position statement?
2. Is the requestor due reimbursement for CPT codes 99205 rendered on January 11, 2021?

Findings

1. The requestor seeks reimbursement for CPT Code 99205-95 rendered on January 11, 2021. Review of the insurance carrier's response states in pertinent part, "As the disputed date of services are for the disputed, non-compensable conditions, under Rule 133.307(f)(3)(A), 1 this dispute should be dismissed."

The DWC finds that a new denial reasons or defense for extent of injury was raised by the insurance carrier after the filing of the DWC060 request. Review of the documentation submitted finds that the new defense was not presented to the requestor before the filing of the request for medical fee dispute resolution.

Rule §133.307(d)(2)(B) requires that upon receipt of the request for medical fee dispute resolution, the respondent shall provide any missing information not provided by the requestor and known to the respondent, including: a paper copy of all initial and appeal EOBs related to the dispute, as originally submitted to the health care provider . . . related to the health care in dispute not submitted by the requestor or a statement certifying that the respondent did not receive the health care provider's disputed billing prior to the dispute request.

Review of the submitted information finds no documentation to support any EOBs were presented to the health care provider giving notice of the new denial reasons or defenses raised in the insurance carrier's response to MFDR.

Rule §133.307(d)(2)(F) requires that:

The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.

Pursuant to Rule §133.307(d)(2)(F), the insurance carrier's failure to give notice to the health care provider of specific codes or explanations for reduction or denial of payment as required by Rule §133.240 constitutes grounds for the division to find a waiver of defenses during Medical Fee Dispute Resolution.

Upon review of the insurance carrier response, the division finds the respondent has raised new denial reasons or defenses of which the carrier failed to give any notice to the health care provider during the bill review process or before the filing of this dispute. Consequently, the division concludes the insurance carrier has waived the right to raise such new denial reasons or defenses during dispute resolution. Any such new defenses or denial reasons will not be considered in this review.

2. The insurance carrier denied disputed services with claim adjustment reason code "T185."

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 requester 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

Signature

Medical Fee Dispute Resolution Officer

September 16, 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.