

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Leonard, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-22-0218-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 4, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 20, 2020	Designated Doctor Examination 99456-W5-WP	\$800.00	\$650.00

Requestor's Position

PLEASE SEE THE COMMISSIONER'S BULLETIN #B-0010-20 OUTLINING EXCEPTION TIMELY FILING DUE TO CASTASTROPHIC EVENT OF COVID OUTBREAK CAUSING THIS REPORT TO BE SUBMITTED OUTSIDE OF NORMAL TIMELINE.

Amount in Dispute: \$800.00

Respondent's Position

The carrier is reprocessing the provider's bill and will be paying the provider pursuant to the Medical Fee Guidelines.

Response Submitted by: Flahive, Ogden & Latson

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

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

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

Issues

1. Is Zurich American Insurance Company's denial based on timely filing supported?
2. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking reimbursement for a designated doctor examination dated October 20, 2020. Zurich American Insurance Company denied payment based on timely filing.

Per 28 TAC §133.20 (b), a health care provider is required to submit a medical bill to the insurance carrier or its agent within 95 days from the date of service. Exceptions to this deadline are provided in TLC §408.0272 and include:

- a. The medical bill was filed in error to
 - i. The injured employee's group accident and health insurance;
 - ii. The injured employee's health maintenance organization; or
 - iii. The wrong workers' compensation insurance carrier; or
- b. The commissioner finds that a catastrophic event substantially interfered with the normal business operations of the provider.

On March 25, 2020, Commissioner Brown issued Bulletin # B-0010-20, effective March 13, 2020, which tolled the 95-day deadline. This pause was lifted on January 29, 2021, by Bulletin # B-0004-21, effective March 1, 2021.

The evidence supports that Dr. Leonard submitted the bill within 95 days of the end of the Commissioner's declaration. DWC finds that Zurich American Insurance Company's denial for this reason is not supported.

2. In its response, the insurance carrier stated that it "will be paying the provider pursuant to the Medical Fee Guidelines." No evidence was provided to support that a payment was made to the requestor. For this reason, DWC concludes that Dr. Leonard is entitled to reimbursement.

The submitted documentation supports that Dr. Leonard 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. Leonard performed impairment rating evaluations of a head contusion, concussion without loss of consciousness, and post-traumatic headache "according to Chapter 4 Table 3 Emotional and Behavioral Impairments." This table places the impairment rating in the nervous system, which is one body area.

The rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total reimbursement for the examination in question is \$650.00. No additional reimbursement 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 requestor has established that additional reimbursement \$650.00 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 Zurich American Insurance Company must remit to Michael Leonard, M.D. \$650.00 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

January 31, 2022

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.