

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Steven Robillard, D.C.

Respondent Name

Everest Premier Insurance Co.

MFDR Tracking Number

M4-22-0343-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 18, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 17, 2020	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00

Requestor's Position

This is the second request for this payment. First one was faxed to you on 4/23/2021

Amount in Dispute: \$650.00

Respondent's Position

The carrier is reprocessing the provider's bill and will be issuing payment 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 Texas Administrative Code §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 denial of payment for the disputed services.

Issues

1. Did Everest Premier Insurance Co. maintain a denial of payment for the services in question?
2. Is Steven Robillard, D.C. entitled to additional reimbursement?

Findings

1. Dr. Robillard is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on December 17, 2020.

No explanations of benefits were submitted by either party.

In its position statement, Flahive, Ogden & Latson stated on behalf of the insurance carrier that "The carrier is reprocessing the provider's bill and will be issuing payment pursuant to the Medical Fee Guidelines." DWC concludes that Everest Premier Insurance Co. did not maintain a denial of payment for the service in question.

2. The insurance carrier failed to provide any evidence that it paid for the examination in question. Therefore, DWC finds that Dr. Robillard is entitled to reimbursement.

The submitted documentation supports that Dr. Robillard performed an evaluation of maximum medical improvement. 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. Robillard performed impairment rating evaluations of the upper extremity with range of motion testing. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. 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 \$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 Everest Premier Insurance Co. must remit to Everest Premier Insurance Co. \$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

June 2, 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.