

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Terry Beal, M.D.

Respondent Name

Union Tank Car Co.

MFDR Tracking Number

M4-22-0417-01

Carrier's Austin Representative

Box Number 48

DWC Date Received

November 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 9, 2020	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
December 9, 2020	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00
December 9, 2020	Designated Doctor Examination 99456-W5-MI	\$100.00	\$0.00
Total		\$950.00	\$850.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED ... PLEASE FIND PROOF OF TIMELY FILING ATTACHED.

Amount in Dispute: \$950.00

Respondent's Position

The Austin carrier representative for Union Tank Car Co. is Gallagher Bassett Services, Inc. The representative was notified of this medical fee dispute on November 9, 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 a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury.
4. 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 95 days of the date of service.

Issues

1. Is Union Tank Car Co.'s denial based on timely filing supported?
2. Is Terry Beal, M.D. entitled to additional reimbursement?

Findings

1. Dr. Beal is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury. The insurance carrier denied payment 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. Beal submitted the bill for the examination in question to the insurance carrier or its agent on or about February 23, 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.

2. Because Union Tank Car Co. failed to support its denial of payment, Dr. Beal is entitled to reimbursement.

The submitted documentation supports that Dr. Beal 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.

The submitted documentation indicates that Dr. Beal was asked to address maximum medical improvement, impairment rating, and extent of injury. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

Documentation supports that Dr. Beal found that the injured employee was not at maximum medical improvement, so no impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. DWC does not recommend additional reimbursement for this charge.

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

The total allowable reimbursement for this examination is \$850.00. 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 requestor has established that additional reimbursement of \$850.00 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 Union Tank Car Co. must remit to Terry Beal, M.D. \$850.00 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

March 17, 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.