

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristie A. Gaddis, D.C.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-22-0579-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 22, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 19, 2021	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00

Requestor's Position

A designated doctor exam was performed on this claimant back in July 2021. Four months later I still have not been paid. I called the Division to be sure the carrier info was correct on the DWC Form 32. I was told it was.

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 1, 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 a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement.

Denial Reasons

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

Issues

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

Findings

1. Dr. Gaddis is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. She argued that she had not received payment or an explanation of denial for medical bills submitted for the examination in question.

Per 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 available 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. The available documentation supports that Dr. Gaddis performed an evaluation of maximum medical improvement as requested by Tommy Domingue with Sedgwick CMS and ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00. 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 \$350.00 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 American Zurich Insurance Co. must remit to Kristie A. Gaddis, D.C. \$350.00 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.