

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Confirmative Mgmt Svcs

Respondent Name

Republic Franklin Insurance Co

MFDR Tracking Number

M4-22-1230-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

February 23, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 24, 2021	80307	\$150.00	\$0.00
February 24, 2021	G0483	\$600.00	\$0.00
Total		\$750.00	\$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of the reconsideration request that states, "28 TAC §137.100 (a) states, in pertinent part, "Health care providers shall provide treatment in accordance with the current edition of the Official Disability Guidelines – Treatment in Workers' Comp..." Health care provided in accordance with the Division treatment guidelines is presumed reasonable as specified in Labor Code §413.017 and is also presumed to be health care reasonably required as defined by TLC §401.011(22 – a). Review of the 2021 ODG Pain chapter under Drug testing finds that drug testing is recommended."

Amount in Dispute: \$750.00

Respondent's Position

"The bill provided was for drug screening and we denied based on the following: (1) Greg Rhodes (NP) was not the treating doctor per Division approval. Dr. Jim Mitchell D.C. was the primary treating physician at the time of service. Confirmative management was made aware of

this and continue to bill carrier.”

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 Texas Administrative Code §126.9, sets out the procedures for Choice of Treating Doctor and Liability for Payment.

Denial Reasons

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

- P16 – Medical provider not authorized/certified to provide treatment to injured workers in this jurisdiction

Issues

1. Is the insurance carrier’s denial based on the physician not authorized supported?

Findings

1. The requestor seeks reimbursement for clinical laboratory services rendered in February 2021. The insurance carrier denied the disputed services as medical provider not authorized.

DWC Rule 28 TAC §180.22, titled Health Care Provider Roles and Responsibilities states in pertinent part, “(c) 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.”

Review of the submitted documentation finds that the treating doctor on record, at the time the disputed services were rendered was James Mitchell.

Insufficient evidence was found to support a referral was made by the treating physician on record for the disputed services. The insurance carrier’s denial is supported. No payment 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 not established that additional reimbursement 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.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 11, 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.