

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Stephanie Janiak, D.C.

**Respondent Name**

ACE American Insurance Co.

**MFDR Tracking Number**

M4-22-1330-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

March 3, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2021	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00

### Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** \$350.00

### Respondent's Position

Tex-Cal Medical Services PLLC requested medical dispute resolution for date of service March 2, 2021/March 2, 2021. It does not appear Tex-Cal Medical Services PLLC medical fee dispute resolution request was made until March 3, 2022. Accordingly, the date of service at issue is outside of the one-year deadline and the Division lacks jurisdiction to consider this dispute.

**Response Submitted by:** ESIS

### 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 §102.3 sets out the procedures for computation of time.
2. 28 TAC §133.240 sets out the procedures for payment or denial of a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 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 denial of payment for the disputed services.

## Issues

1. Did Stephanie Janiak, D.C. file this dispute timely?
2. Did ACE American Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
3. Is Dr. Janiak entitled to reimbursement for the examination in question?

## Findings

1. Dr. Janiak is seeking reimbursement for a designated doctor examination to determine maximum medical improvement performed on March 2, 2021.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

According to 28 TAC §102.3(a), when computing time, the first day is excluded. Therefore, December 2, 2020, was excluded and computation of time began on December 3, 2020. The DWC received the medical fee dispute resolution request on December 3, 2021. DWC concludes that the dispute was filed timely.

2. 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 presented 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.

3. Because the insurance carrier failed to provide any defense for non-payment of the designated doctor examination in question, Dr. Janiak is entitled to reimbursement.

The submitted documentation supports that Dr. Janiak 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. 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 ACE American Insurance Co. must remit to Stephanie Janiak, 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	_____ April 20, 2022 Date
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## **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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).