

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Judith-Ann Knowles, D.C.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-22-1574-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 22, 2021	Designated Doctor Examination 99456-W5-WP	\$800.00	\$800.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctro Examination 99456-W5-MI	\$50.00	\$0.00
Total		\$1,350.00	\$1,300.00

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: \$1,350.00

Respondent's Position

The Provider filed a DWC-60 seeking Medical Fee Dispute Resolution for a date of service of October 22, 2021. However, the Provider's CMS-1500 medical bill was not received by the Carrier until February 22, 2022 which was more than 95 days following the October 22, 2021 date of service.

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 medical bills.
2. 28 TAC§133.210 sets out the guidelines for medical billing documentation.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.
5. 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. Was the medical bill in question submitted to Zurich American Insurance Co. timely?
2. Is Judith-Ann Knowles, D.C. entitled to additional reimbursement?

Findings

1. Dr. Knowles is seeking reimbursement for a designated doctor examination performed on October 22, 2021.

Flahive, Ogden & Latson, on behalf of Zurich American Insurance Co., argued that "the Provider's CMS-1500 medical bill was not received by the Carrier until February 22, 2022 which was more than 95 days following the October 22, 2021 date of service."

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.

28 TAC§133.210 states that it is the obligation of the insurance carrier to furnish its agents with any documentation necessary for the resolution of a medical bill. DWC considers any medical billing information possessed by one entity to be simultaneously possessed by the other.

The greater weight of evidence provided to DWC supports that Dr. Knowles submitted the bill for the examination in question to the insurance carrier or its agent on or about December 29, 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 the insurance carrier failed to support its denial of payment prior to the request for medical fee dispute, Dr. Knowles is entitled to reimbursement.

The submitted documentation supports that Dr. Knowles performed an evaluation of maximum medical improvement as ordered by DWC. 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. Knowles performed impairment rating evaluations of the lumbar spine with range of motion testing, and abdominal wall contusion and hematoma. 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 rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each. The total MAR for the determination of impairment rating is \$450.00.

The submitted documentation indicates that Dr. Knowles 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 submitted documentation indicates that Dr. Knowles 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. Knowles found that the injured employee was not at maximum medical improvement in two scenarios, 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 total allowable reimbursement for the services in question is \$1,300.00. 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 \$1,300.00 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 Zurich American Insurance Co. must remit to Judith-Ann Knowles, D.C. \$1,300.00 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.