



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

United Medical Exams

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-22-1947-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 22, 2022	Designated Doctor Examination 99456-W5	\$350.00	\$0.00

Requestor's Position

We have submitted multiple collection requests and have not received partial or full payment. Per our records, the bill was submitted to the insurance carrier on: February 09, 2022

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on May 17, 2022.

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 medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

Issues

1. Is United Medical Exams entitled to reimbursement for the examination in question?

Findings

1. United Medical Exams is seeking reimbursement for a designated doctor examination performed on January 22, 2022.

Per 28 TAC §133.20(a), the health care provider must file medical bills to the insurance carrier unless it is billing the employer. United Medical Exams argues that a medical bill was submitted to the insurance carrier on February 9, 2022.

The evidence submitted by the requestor was insufficient to support that a medical bill was attached to the communication sent to the insurance carrier. Therefore, no reimbursement can be 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 9, 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.