



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Bales, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-22-2023-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 15, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 30, 2021	RME Examination to Determine Maximum Medical Improvement and Impairment Rating	\$650.00	\$0.00
	RME Examination to Determine Extent of the Compensable Injury	\$500.00	\$0.00
	Multiple Impairment Rating Calculations	\$150.00	\$0.00
Total		\$1,300.00	\$0.00

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: \$1,300.00

Respondent's Position

The carrier is reprocessing the provider's bill.

Response Submitted by: Flahive, Ogden & Latson

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 §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.
4. 28 TAC §134.240 sets out the fee guidelines for designated doctor examinations.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
6. Texas Labor Code §408.004 sets out the requirements for required medical examinations.
7. TLC §408.0041 sets out the requirements for designated doctor examinations.

Denial Reasons

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

Issues

1. Did Zurich American Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is James Bales, M.D. entitled to reimbursement for the fees in question?

Findings

1. Dr. Bales is seeking reimbursement for a required medical examination performed on July 30, 2021.

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.

2. Because the insurance carrier failed to provide any defense of non-payment of the services in question, DWC will evaluate the examination for payment.

Per 28 TAC §134.240, modifiers W5 and W6 are reserved for designated doctor examinations. Similarly, 28 TAC §134.250(4)(B) indicates that billing for calculations of multiple impairment ratings and use of the modifier MI is specific to designated doctor examinations.

Because this examination is a required medical examination under TLC §408.004 and not a designated doctor examination under TLC §408.0041, Dr. Bales is not entitled to reimbursement for the services as billed.

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 not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 15, 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.