



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

MELBURN HUEBNER, MD

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-22-2326-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 6, 2022	99456-WP	\$800.00	\$0.00
Total		\$800.00	\$0.00

Requestor's Position

"[Injured employee] was referred to our office for MMI/IR and approved by his attorney Rachael. We saw him on April 6, 2022 and provided the requested, approved services. After our services were performed on April 27, 2020 [sic], he was awarded a settlement by another company, and we were told to bill the customer. My concern is we performed the services before he received the settlement and was still under TDWC ruling. Texas Mutual should be responsible for the date of service."

Amount in Dispute: \$800.00

Respondent's Position

"The provider is seeking reimbursement for treatment provided by a Doctor selected by Treating Doctor acting in place of the treating doctor. Review of the claim file does confirm that the adjuster did notify the claimant that due to the 3rd party settlement that was awarded all medical benefits would be his responsibility to pay medical bills. The examination performed was not a DWC order Designated Doctor exam, therefore no payment is due. Texas Mutual maintains its position that the Injured Worker is the responsible party for medical payments at this time..."

Response Submitted by: Texas Mutual Insurance Company

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §417.002, outlines the process for recovery in third-party settlements.

Denial Reasons

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

- CAC-215- BASED ON SUBROGATION OF A THIRD-PARTY SETTLEMENT.
- 871-PAYMENT IS BEING WITHHELD BECAUSE CLAIMANT RECEIVED A THIRD-PARTY SETTLEMENT.
- NOTE: 3RD PARTY SETTLEMENT. TEXAS MUTUAL HAS REVIEWED THE SUBMITTED CHARGES AND THE FOLLOWING INDICATES THE ADJUSTED AMOUNT(S) THAT CONFORM TO WORKERS' COMPENSATION SANDARDS FOR MEDICAL CHARGES, LISTED ARE THE FEE SCHEDUEL AMOUNTS THAT WOULD HAVE BEEN PAID IF THERE WAS NOT A THIRD-PARTY SETTLEMENT. FOR A TOTAL REIMBURSEMENT OF \$800 PER FEE SCHEDULE.
- 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REOUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. Is the Insurance Carrier's reason for denial supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 99456-WP rendered on April 6, 2022.

Texas Labor Code §417.002(a-c), RECOVERY IN THIRD-PARTY ACTION states,

- (a) The net amount recovered by a claimant in a third-party action shall be used to reimburse the insurance carrier for benefits, including medical benefits, that have been paid for the compensable injury. (b) Any amount recovered that exceeds the amount of the reimbursement required under Subsection (a) shall be treated as an advance against future benefits, including medical benefits, that the claimant is entitled to receive under this subtitle. (c) If the advance under Subsection (b) is adequate to cover all future benefits, the insurance carrier is not required to resume the payment of benefits. If the advance is insufficient, the insurance carrier shall resume the payment of benefits when the advance is exhausted.

The Division reviewed the submitted documentation and finds:

- Insufficient documentation was submitted to refute the carrier’s position that the services in dispute are subject to payment from a third-party settlement; and
- No documentation was found to support that the net amount recovered in the settlement was exhausted, and that the insurance carrier was required to pay benefits.

2. The DWC concludes that the requestor has failed to support that the disputed services are eligible for reimbursement. As a result, reimbursement is not 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.

The DWC finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

		July 19, 2022
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.