



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John S. Townsend, M.D.

Respondent Name

AIU Insurance Co.

MFDR Tracking Number

M4-23-0052-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 12, 2022	Designated Doctor Examination 99456-W5-NM	\$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 03, 2022

Amount in Dispute: \$350.00

Respondent's Position

The carrier processed the provider's bill initially on May 9, 2022. However the carrier reprocessed the provider's bill on July 15, 2022 and at that point, it recommended reimbursement of \$350 which is the amount the provider is seeking.

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 §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The submitted explanations of benefits provided the following claim adjustment codes:

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.
- 2008 – Additional payment made on appeal/reconsideration.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
- 6060 – Based on additional information from the claims examiner, we are recommending further payment be made for the above noted procedure code/codes.
- 6514 – Timely Filing denial reconsidered.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is John S. Townsend, M.D. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Townsend is seeking additional reimbursement for a designated doctor examination performed on January 12, 2022. Per explanation of benefits dated July 15, 2022, the insurance carrier reimbursed the requested amount in full by electronics fund transfer. No additional 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 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

_____	_____	March 9, 2023
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 prefiera 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.