



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gilbert C. Blackwell, D.C.

Respondent Name

Lion Insurance Co.

MFDR Tracking Number

M4-23-0221-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

September 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 30, 2022	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00

Requestor's Position

ON 07-30-22 Dr. Blackwell performed a designated doctor exam 99456 for the billed amount of \$500. The insurance company denied payment, claiming they wanted to have a W-9 form ... On 09-09-22 the W-9 form along with the EOB, bill and report were faxed to the number the insurance carrier provided. On 09-14-22 another EOB was sent without payment denying payment for the designated doctor exam.

Amount in Dispute: \$500.00

Respondent's Position

The Austin carrier representative for Lion Insurance Co. is JT Parker & Associates, LLC. The representative was notified of this medical fee dispute on October 4, 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 §133.10 sets out the requirements for medical bills.
2. 28 TAC § 133.210 sets out documentation requirements for medical billing.
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.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s) which is need for adjudication.
- 10028 – This bill was denied because there is no W-9 on file for this provider. Please submit the W-9 as it is needed before payment can be processed.

Issues

1. Is Lion Insurance Co.'s denial based on documentation supported?
2. Is Gilbert C. Blackwell, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Blackwell is seeking reimbursement for a designated doctor examination to determine the extent of a compensable injury.

Lion Insurance Co. denied payment stating, "Claim/service lacks information or has submission/billing error(s) which is need for adjudication." Billing requirements are found in 28 TAC §133.10.

DWC finds no billing information missing or errors. The insurance carrier did not support this denial reason.

Lion Insurance Co. further stated, "This bill was denied because there is no W-9 on file for this provider." Documentation requirements for Texas workers' compensation billing are found in 28 TAC § 133.210.

DWC finds that the documentation that is the basis of this denial reason is not required by 28 TAC § 133.210. When an insurance carrier needs more information to process the bill, 28 TAC §133.210 (d) requires a request to the health care provider that must:

- (1) be in writing;
- (2) be specific to the bill;
- (3) specifically describe the information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that the health care provider has;
- (6) indicate the specific reason that the insurance carrier needs the information; and
- (7) include a copy of the bill that the insurance carrier is requesting the additional documentation for.

The insurance carrier failed to submit evidence that it made an appropriate request for additional documentation with the required specificity. The insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, DWC finds that Dr. Blackwell is entitled to reimbursement for the examination in question.

The submitted documentation indicates that Dr. Blackwell 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. 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 \$500.00 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 Lion Insurance Co. must remit to Gilbert C. Blackwell, D.C. \$500.00 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

January 27, 2023

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.