

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Functional Recovery Associates

**Respondent Name**

Acuity A Mutual Insurance Co.

**MFDR Tracking Number**

M4-23-0602-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

November 7, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$650.00	\$650.00

### Requestor's Position

We, the provider submitted a fax confirmation report that supports the carrier received a copy of the claim on for each date of service. This date is within the 95-day period to submit the claim.

**Amount in Dispute:** \$650.00

### Respondent's Position

In their dispute, the requestor provided a copy of "Ring Central" purportedly showing their paper bill was originally submitted on 3/8/2022 to Acuity A Mutual Insurance Co. However, the document submitted shows neither a time that the fax was supposedly received nor is there a copy of the original billing with fax date and time information on the billing submitted traditionally seen when items are faxed. In fact, neither CorVel nor Acuity have record of receipt of a complete medical bill pursuant to 2 TAC Chapter 133 for the date(s) of service in question until after the 95 day deadline. In fact, CorVel did not receive the original medical bill for review until 7/14/22.

## **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 submitting a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- 29 – Time limit for filing claim/bill has expired
- Notes: "Per Rule 133.20(b) A health care provider (HCP) shall not submit a complete medical bill later than the 95<sup>th</sup> day after the date(s) the service(s) is(are) provided.

### Issues

1. Is the insurance carrier's denial based on timely filing supported?
2. Is Functional Recovery Associates entitled to additional reimbursement?

### Findings

1. Functional Recovery Associates is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Acuity A Mutual Insurance Co. denied payment based on timely filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Functional Recovery Associates submitted the bill for the examination in question to the insurance carrier or its agent on or about March 8, 2022. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment for the services in

question, DWC finds that Functional Recovery Associates is entitled to reimbursement.

The submitted documentation supports that Rory Allen, D.O. performed an evaluation of maximum medical improvement. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Allen performed impairment rating evaluations of the right knee with range of motion testing. The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable amount is \$650.00. 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 \$650.00 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 Acuity A Mutual Insurance Co. must remit to Functional Recovery Associates \$650.00 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 24, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).