

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

David P. Taylor, M.D.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-23-0873-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

December 15, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 7, 2022	99456-WP	\$1,950.00	\$0.00
	99456-W6-RE	\$650.00	\$0.00
	99456-RE	\$650.00	\$0.00
Total		\$3,250.00	\$0.00

Requestor's Position

This is a designated Doctor Exam. They do Not require an auth.

Amount in Dispute: \$3,250.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs & Stanford, PC. The representative was notified of this medical fee dispute on December 19, 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 §127.5 sets out the procedures for scheduling designated doctor examinations.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
- 293 – This procedure required prior authorization and none was identified.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider, based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5261 – Letter – Please see additional message codes for information related to this review.

Issues

1. Is Indemnity Insurance Co. of North America's denial based on authorization supported?

Findings

1. David P. Taylor, M.D. is seeking reimbursement for a designated doctor examination performed on July 7, 2022. Indemnity Insurance Co. of North America denied payment based on authorization.

Review of available documentation indicates that Dr. Taylor requested that the examination be redirected to another doctor on July 5, 2022, stating he was not qualified to perform the examination. This reason is consistent with 28 TAC §127.5 (d)(2). The division approved Dr. Taylor's request on July 7, 2022, stating that Dr. Taylor refused the appointment.

Because the examination was canceled and reassigned at Dr. Taylor's request, the examination was not authorized. The insurance carrier's denial is supported. No reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 30, 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.