

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Juan Quiroz, M.D.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-23-0964-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

December 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2022	Designated Doctor Examination 99456-W5-WP	\$500.00	\$0.00

Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$500.00

Respondent's Position

The requestor indicates that they submitted the initial claim electronically and that the carrier received the file; however, on 6/15/22 while ESIS confirmed the receipt of an eleven (11) page fax, of those 11 pages there was no billing form (CMS1500) – only the DDE narrative and DWC69 ... The requestor further indicates in their position statement that a reconsideration was submitted; however, there was no reconsideration received by ESIS or CorVel.

Response Submitted by: CorVel

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 medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. Is Juan Quiroz, M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Quiroz is seeking reimbursement for a designated doctor examination performed on June 7, 2022. CorVel argued on behalf of the insurance carrier that it did not receive a medical bill with the designated doctor's report.

Per 28 TAC §133.20 (a), the health care provider shall submit all medical bills to the insurance carrier. DWC finds that the submitted documentation does not sufficiently support that a medical bill was submitted to the insurance carrier. No 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

Signature

Medical Fee Dispute Resolution Officer

February 17, 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.