



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gregory Sheppard, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-23-1455-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$500.00
Total		\$850.00	\$850.00

Requestor's Position

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

Amount in Dispute: \$850.00

Respondent's Position

The adjuster received a fax on 8/12/2022; however, that fax did not contain a CMS1500 form. As such, it was not a bill as defined in Rule §133.2 (4) ... Additionally, pursuant to rule 133.250, CorVel hereby certifies a properly completed request for reconsideration was not received for date of service 07/22/2022 prior to receipt of this request for medical fee dispute resolution ... Note: only 16 pages were received.

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 submission of a medical bill.
2. 28 TAC §133.240 sets out the procedures for payment or denial of a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §133.235 sets out the fee guidelines for examinations to determine ability to return to work.

Denial Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. Did Safety National Casualty Corp. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Gregory Sheppard, D.C. entitled to additional reimbursement?

Findings

1. Dr. Sheppard is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and ability to return to work. Dr. Sheppard argued that he had not received payment or an explanation of benefits for medical bills submitted for the examination in question.

Per 28 TAC §133.240 (a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

CorVel, on behalf of Safety National Casualty Corp., argued that "the adjuster received a fax on 8/12/2022; however, that fax did not contain a CMS1500 form."

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.

In its position statement, the insurance carrier stated that only 16 pages were received. Review of the fax confirmation documents submitted by the requestor indicates 18 pages

were successfully transmitted.

The division finds that the greater weight of evidence presented supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to support a denial of payment for the services in question, Dr. Sheppard is entitled to reimbursement.

The submitted documentation supports that Dr. Sheppard performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00.

The submitted documentation indicates that Dr. Sheppard performed an examination to determine the ability to return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the services in dispute is \$850.00. 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 \$850.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Safety National Casualty Corp. must remit to Gregory Sheppard, D.C. \$850.00 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

April 6, 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.