



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Butler, M.D.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-23-1657-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED

Amount in Dispute: \$350.00

Respondent's Position

Provider was paid accordingly

Response Submitted by: Gallagher Bassett

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 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:

- 90202 (B13) – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is Indemnity Insurance Co. of North America's denial of payment supported?
2. Is James Butler, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Butler is seeking reimbursement for a designated doctor examination performed on July 1, 2022. Per explanation of benefits dated January 12, 2023, the insurance carrier denied payment stating that a payment or denial had already been recommended.

Review of the submitted documentation finds no evidence of a previous payment or denial for the examination in question.

In its position statement on behalf of Indemnity Insurance Co. of North America, Gallagher Bassett stated that the "Provider was paid accordingly." A document labeled "MC Search Results" was included in the response documents. This document indicates that a check for \$0.00 had been issued on or about March 1, 2023.

The division concludes that the insurance carrier's denial of payment is not supported.

2. Because the insurance carrier failed to support a denial of payment for the designated doctor examination in question, Dr. Butler is entitled to reimbursement.

The submitted documentation supports that Dr. Butler 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. 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 \$350.00 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 Indemnity Insurance Co. of North America must remit to James Butler, M.D. \$350.00 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 14, 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.