



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Duane Vincent, D.C.

Respondent Name

Starr Specialty Insurance Co.

MFDR Tracking Number

M4-23-1808-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 24, 2023

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|--|-------------------|------------|
| August 25, 2022 | Designated Doctor Examination 99456-W5-WP | \$800.00 | \$800.00 |

Requestor's Position

The attached bill was not paid in full, due to the Doctor's TIN number ...

Texas Labor code §408.0041 requires insurance carriers to reimburse designated doctors for examinations ordered by the Commission of Workers' Compensation according to the fee guidelines.

Amount in Dispute: \$800.00

Respondent's Position

The Austin carrier representative for Starr Specialty Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 28, 2023.

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 §133.10](#) sets out the procedures for completing medical bills.
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:

- B11 – The claim/service has been transferred to the proper payer/processor for processing.
- Notes: "TIN NUMBER IS INCORRECT"

Issues

1. Is Starr Specialty Insurance Co.'s denial of payment supported?
2. Is Duane Vincent, D.C. entitled to additional reimbursement?

Findings

1. Dr. Vincent is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment stating that the "TIN NUMBER IS INCORRECT." No evidence was found to indicate that the number provided in box 25 of the CMS-1500: Health Insurance Claim Form was not the correct number. DWC finds that this denial reason is not supported.
2. Because the insurance carrier has not supported its denial of payment for the services in dispute, Dr. Vincent is entitled to reimbursement.

The submitted documentation supports that Dr. Vincent performed an evaluation of maximum medical improvement as ordered by DWC. 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. Vincent performed impairment rating evaluations of right arm and bilateral knees 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the examination in question is \$800.00. 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 \$800.00 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 Starr Specialty Insurance Co. must remit to Duane Vincent, D.C. \$800.00 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

May 26, 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.