

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton Weeks, D.C.

Respondent Name

Luba Indemnity Insurance Co.

MFDR Tracking Number

M4-23-1890-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

April 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 19, 2023	Examination to Determine Maximum Medical Improvement 99456-NM	\$350.00	\$350.00

Requestor's Position

"I performed this examination at the request of the injured employee and the treating doctor ... We have not received original review/EOR.

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for Luba Indemnity Insurance Co. is Hoffman Kelley, LLP. The representative was notified of this medical fee dispute on April 11, 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
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.

Denial Reasons

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

- 18 – Exact duplicate claim/service.
- 22 – Duplicate charge.

Issues

1. Is Luba Indemnity Insurance Co.'s denial based on duplicate claim or service supported?
2. Is Trenton Weeks, D.C. entitled to additional reimbursement?

Findings

1. Dr. Weeks is seeking reimbursement for an examination to determine maximum medical improvement performed on April 19, 2023. The insurance carrier denied payment stating that it was an "exact duplicate claim/service," or a "duplicate charge." No evidence was received to support that the disputed service or charge was a duplicate.
2. Because the insurance failed to support its denial of payment, Dr. Weeks is entitled to reimbursement.

The submitted documentation supports that Dr. Weeks performed an evaluation of maximum medical improvement. 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 Luba Indemnity Insurance Co. must remit to Trenton Weeks, D.C. \$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	June 7, 2023 _____ Date
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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 three 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 tres o correo electronico CompConnection@tdi.texas.gov.