



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Georgetown Family Emergency

Respondent Name

Amco Insurance Co

MFDR Tracking Number

M4-23-2018-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

April 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 14, 2022	99284	\$1808.00	\$0.00
October 14, 2022	99284	\$3712.00	\$0.00
October 14, 2022	73700	\$2320.75	\$0.00
October 14, 2022	260032	\$39.54	\$0.00
Total		\$7880.29	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Supplemental response submitted June 6, 2023. "As of today, the Physician bill is the only one paid. The Facility payment was sent to the incorrect address. A W-9 was faxed to them on 5/22/23 for them to updated[sic] the pay to address. We have not received the payment of \$987.87 yet."

Amount in Dispute: \$7880.29

Respondent's Position

"This firm has been retained by AMCO Insurance Company to respond on its behalf to the above-referenced disputes. After review of the dispute, AMCO determined it would re-submit the bills to audit and pay pursuant to the agency's fee guidelines."

Supplemental response submitted June 14, 2023. "I think the most efficient thing to do on this one is for MRD to issue a decision."

Response submitted by: Stone Loughlin Swanson

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out the medical bill submission guidelines.

Denial Reasons

Neither party submitted an explanation of benefits in support of adjudication of the disputed medical bill.

Issues

1. Is the disputed medical claim eligible for Medical Fee Dispute Resolution?

Findings

1. The requestor is seeking reimbursement of emergency room services. Review of the submitted documentation found the following.
 - December 15, 2022 email correspondence was sent from the requestor to the claimant's employer.
 - December 15, 2022 email correspondence from employer to requestor states, "we will be processing payment for this."
 - December 15, 2022 email correspondence with attachment sent. Message indicated, "Please see the attachment for the bills that you have requested on (claimant) for date 10.14.2022."

DWC Rule 28 TAC §133.20(j)(1)(C) states in pertinent part, "The health care provider may elect to

bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s). A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to medical dispute resolution as provided by Labor Code §413.031."

Based on the submitted documentation the medical bill was submitted to the injured workers' employer, the disputed claim is not eligible for MFDR.

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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 16, 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.