



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Martin Jones, M.D.

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-23-2021-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 27, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00

### Requestor's Position

Original Statement: "An original bill and a reconsideration were submitted; the current rules allow reimbursement."

Supplemental Statement: "It appears that we did receive this check (1876873783) back in 2022. However, the EOB and check documented the wrong invoice number information. Resulting in us believing that a portion of the payment was duplicative of another payment for this same claim. Therefore, we refunded \$321.12 of the \$350.00 paid, back to Zurich ... If you can have this \$321.12 reissued back to us, we can apply to this DDE charge and resolve this dispute."

**Amount in Dispute:** \$350.00

## Respondent's Position

"The provider filed a DWC 60 seeking Medical Fee Dispute Resolution for date of service of August 27, 2022. He billed for and MMI exam in which he opined that the claimant had not reached MMI. He billed \$350. He claims that the carrier has not taken action on that medical bill. However, we are attaching two EOBs dated September 14, 2022 and November 16, 2022. In the first EOB, the recommendation was payment of \$350. The second EOB noted that \$350 it already been paid and that no additional monies were owed.

"On September 16, 2022, the carrier issued a check to the provider in the amount of \$350. The check number is 187-687-3783."

**Response Submitted by:** Flahive, Ogden & Latson

## 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 \(TAC\) §133.305](#) sets out the procedures for resolving medical bill disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

The submitted explanations of benefits indicate that the insurance carrier paid the billed amount in full.

### Issues

1. Is Martin Jones, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Jones submitted a request for medical fee dispute resolution to be reviewed in accordance with 28 TAC §§133.305 and 133.307.

28 TAC §133.305(a)(4) defines a medical fee dispute as "A dispute that involves an amount of payment for non-network health care rendered to an injured employee that has been determined to be medically necessary and appropriate for treatment of that injured employee's compensable injury ... The following types of disputes can be a medical fee dispute: (A) a health care provider, or a qualified pharmacy processing agent as described in Labor Code §413.0111, dispute of an insurance carrier reduction or denial of a medical bill ..."

28 TAC §133.307(b)(1) states that a health care provider may be a requestor “in a dispute over the reimbursement of a medical bill(s).”

Based on the evidence presented, the DWC finds that American Zurich Insurance Co. did not reduce or deny payment for the service billed, but rather paid the billed amount in full. The requestor subsequently rejected a portion of the payment. No additional reimbursement 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.

The DWC finds the requestor has not established that additional reimbursement is due.

### **Order**

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

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 16, 2024  
\_\_\_\_\_  
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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).