

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Keith Louden, M.D.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-23-2147-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

May 2, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 30, 2022	Designated Doctor Examination 99456-W5-WP	\$1,100.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$250.00	\$0.00
<b>Total</b>		<b>\$1,900.00</b>	<b>\$0.00</b>

### Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT.

**Amount in Dispute:** \$1,900.00

### Respondent's Position

According to research on the claim file, no bill has been received from Pacific Billing Services Inc. Per fax confirmation attached in the requestor's DWC-60 packet, it shows that 32 pages (including cover page) were received on 8/25/22 (attached). These pages included two DWC-69

reports, a DWC-68 report, and medical documentation, but no UB-04 or HCFA billing form.

**Response Submitted by:** Texas Mutual Insurance Company

## **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 \(TAC\) §133.20](#) sets out the procedures for submitting medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

### Issues

1. Is Keith Loudon, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Loudon is seeking reimbursement for a designated doctor examination performed on June 30, 2022. The insurance carrier argued that it did not receive a bill for the examination.

With few exceptions, 28 TAC §133.20(b) requires submission of medical bills not later than 95 days from the date of service.

The requestor argued that a bill was submitted to the insurance carrier and provided documentation dated August 26, 2022, confirming that 32 pages were faxed to the insurance carrier.

The insurance carrier provided evidence of the documentation included in the 32-page fax it received. No bill was included in this evidence.

DWC finds that the requestor failed to sufficiently support its position that a bill and reconsideration were submitted to the insurance carrier. No reimbursement can be 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 not established that additional 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

August 2, 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](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).