

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Amanda McInis, D.C.

Respondent Name

Liberty Insurance Corporation

MFDR Tracking Number

M4-23-2551-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

June 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 30, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Specialist Report 99456-SP	\$50.00	\$0.00
Total		\$700.00	\$650.00

Requestor's Position

"Our office submitted a request for reconsideration of payment as the carrier did not pay the bill per the Texas WC fee schedule per DWC rule 134.202 and indicated the bill was not received timely.

"Please note that this claim was granted additional time for filing the DWC ordered Designated Doctor report ... Additionally, the DWC-32 did not have a carrier claim number listed and after our claim was submitted within 90 days on 10/11/22, there was still no response from the carrier as the bill was not processed. No EOB was received."

Amount in Dispute: \$700.00

Respondent's Position

Liberty Insurance Corporation was notified of this medical fee dispute on June 13, 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 \(TAC\) §133.20](#) sets out the procedures for submitting a medical bill.
2. [28 TAC §133.200](#) sets out the procedures after the insurance carrier receives a medical bill.
3. [28 TAC §133.210](#) sets out the requirements for medical documentation.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
5. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
6. [TLC §408.027](#) sets out the requirements for payment of a health care provider.

Denial Reasons

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

- 4271 – Per Tx Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.
- 247 – A payment or denial has already been recommended for this service
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

1. Is Liberty Insurance Corporation's denial based on timely filing supported?
2. Is Amanda McInis, D.C. entitled to additional reimbursement?

Findings

1. Dr. McInis is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment based on timely filing.

According to 28 TAC §133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. McInis submitted the bill for the examination in question to the insurance carrier on or about October 11, 2022. This is less than 95 days from the date of service.

28 TAC §133.200 states:

- (a) Upon receipt of medical bills submitted in accordance with §133.10(a)(1) and (2) of this chapter ..., an insurance carrier shall evaluate each medical bill for completeness as defined in §133.2 of this chapter ...
 - (1) Insurance carriers shall not return medical bills that are complete, unless the bill is a duplicate bill.
 - (2) Within 30 days after the day it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier shall:
 - (A) complete the bill by adding missing information already known to the insurance carrier, except for the following:
 - (i) dates of service;
 - (ii) procedure/modifier codes;
 - (iii) number of units; and
 - (iv) charges; or
 - (B) return the bill to the sender, in accordance with subsection (c) of this section.
 - (3) The insurance carrier may contact the sender to obtain the information necessary to make the bill complete, including the information specified in paragraph (2)(A)(i) - (iv) of this subsection. If the insurance carrier obtains the missing information and completes the bill, the insurance carrier shall document the name and telephone number of the person who supplied the information.

Review of the submitted documentation finds no evidence that the insurance carrier returned the bill in question as incomplete, completed any information permitted, or contacted the provider to complete any information on the bill.

Per TLC §408.027(b), "The carrier may request additional documentation necessary to clarify the provider's charges at any time during the 45-day period. If the insurance carrier requests additional documentation under this subsection, the health care provider must provide the requested documentation not later than the 15th day after the date of receipt of the carrier's request."

28 TAC §133.210 sets out the requirements for requesting additional information as follows:

- (d) Any request by the insurance carrier for additional documentation to process a

medical bill shall:

- (1) be in writing;
- (2) be specific to the bill or the bill's related episode of care;
- (3) describe with specificity the clinical and other information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
- (6) indicate the specific reason for which the insurance carrier is requesting the information; and
- (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.

No evidence was found to indicate that a request for additional information was submitted to the requestor in accordance with 28 TAC §133.210(b).

DWC finds that the denial of payment based on timely filing is not supported.

2. Because Liberty Insurance Corporation failed to support its denial of payment for the bill in question, DWC will review the services for payment.

The submitted documentation supports that Dr. McInis 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. McInis performed impairment rating evaluations of the left knee with range of motion testing. 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.

Dr. McInis is seeking additional reimbursement for incorporating additional testing into the examination to determine maximum medical improvement and impairment rating. The doctor billed this service using procedure code 99456-SP.

28 TAC §134.250(4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating to **non-musculoskeletal** body areas. Dr. McInis provided no evidence to support that a specialist's report was used in the final determination of an impairment rating of a non-musculoskeletal body area. Therefore, reimbursement of this service is not recommended.

The total allowable reimbursement for the disputed services is \$650.00. 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 requestor has established that additional reimbursement of \$650.00 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 Liberty Insurance Corporation must remit to Amanda McInis, D.C. \$650.00 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

July 28, 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 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 electrónico CompConnection@tdi.texas.gov.