

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Duane Vincent, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-2642-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2022	Designated Doctor Examination 99456-W5-WP	\$800.00	\$800.00
	Designated Doctor Examination 99456-W7-RE	\$500.00	\$500.00
Total		\$1,300.00	\$1,300.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$1,300.00

Respondent's Position

As of today's date, Texas Mutual has not received a medical bill for this date of service from the health care provider. We were in receipt of the DWC-68 form and the DWC-69, however, no medical bill was attached with those documents.

Our position is that no payment is due.

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 \(TAC\) §133.240](#) 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 §134.235](#) sets out the fee guidelines for examinations to determine if disability is related to the compensable injury.
4. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

Issues

1. Did Texas Mutual Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Duane Vincent, D.C. entitled to reimbursement for the services in question?

Findings

1. Dr. Vincent is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating, and if the injured employee's disability is related to the compensable injury.

No explanations of benefits were submitted to DWC for this dispute. Texas Mutual Insurance Company argued that it did not receive a medical bill for this date of service.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was submitted and received by the insurance carrier or its agent on or about September 13, 2022. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to support continued non-payment for the designated doctor examination in question, Dr. Vincent is entitled to reimbursement.

The submitted documentation supports that Dr. Vincent performed an evaluation of MMI 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. Vincent performed impairment rating evaluations of the lumbar spine and knees 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. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. The total allowable amount for the determination of impairment rating is \$450.00

The submitted documentation indicates that Dr. Vincent performed an examination to determine whether the injured employee's disability was related to the compensable work injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement is \$1,300.00. 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 \$1,300.00 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 Texas Mutual Insurance Company must remit to Duane Vincent, D.C. \$1,300.00 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.