



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

James Gregg, D.C.

Respondent Name

Littleton Claims Service

MFDR Tracking Number

M4-17-2789-01

Carrier's Austin Representative

Box Number 49

MFDR Date Received

May 18, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS"

Amount in Dispute: \$556.26

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This bill was denied based on an 'Order Setting Hearing and for Stay of Examination' issued by the Division of Workers' Compensation on 07/18/2014 ... This is prior to the originally scheduled appointment on 07/25/2014 and 14 days prior to the rescheduled appointment on 08/01/2017. Therefore this appointment should not have taken place."

Response Submitted by: The Littleton Group

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 1, 2016	Designated Doctor Examination	\$556.26	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
- 28 Texas Administrative Code §133.260 sets out the procedures for requests for refunds.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did Littleton Claims Service (Littleton) deny the disputed service in accordance with 28 Texas Administrative Code §133.240?
2. Is James Gregg, D.C. entitled to additional reimbursement?
3. Did Littleton request a refund in accordance with 28 Texas Administrative Code §133.260?

Findings

1. In its position statement, Littleton asserted that “This bill was denied based on an ‘Order Setting Hearing and for Stay of Examination’ issued by the Division of Workers’ Compensation on 07/18/2014.”

28 Texas Administrative Code §133.240(e) requires that the insurance carrier send an explanation of benefits to the health care provider in electronic or paper form. Documentation submitted to the division for this dispute does not include an explanation of benefits that denies the service in question.

Therefore, the division concludes that Littleton did not deny the disputed service in accordance with 28 Texas Administrative Code §133.240.

2. Dr. Gregg is seeking a total reimbursement of \$556.26 for a designated doctor examination performed on August 1, 2016. Per the Explanation of Review dated November 27, 2016, submitted by Littleton, the insurance carrier reimbursed a total of \$559.00. No further reimbursement is recommended.
3. In its position statement, Littleton stated that “This payment should not have been issued; therefore we are requesting a refund from the provider in said amount.” 28 Texas Administrative Code §133.260 states in relevant part,

(a) An insurance carrier shall request a refund within 240 days from the date of service or 30 days from completion of an audit performed in accordance with §133.230 (relating to Insurance Carrier Audit of a Medical Bill), whichever is later, when it determines that inappropriate health care was previously reimbursed, or when an overpayment was made for health care provided.

(b) The insurance carrier shall submit the refund request to the health care provider in an explanation of benefits in the form and manner prescribed by the Division.

Review of the submitted documentation finds that the request for refund was submitted to the division. No explanation of benefits was found to demonstrate that a request had previously been sent to the health care provider within 240 days from the date of service. The division finds that Littleton did not request a refund in accordance with 28 Texas Administrative Code §133.260.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

October 27, 2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.