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
Pacific Billing Services, Inc.

Respondent Name
United Wisconsin Insurance Company

MFDR Tracking Number
M4-19-4962-01

Carrier's Austin Representative
Box Number 6

MFDR Date Received
July 22, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: $650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of adjudication.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 30, 2019	Designated Doctor Examination	$650.00	$650.00

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 (DWC).

Background

1. 28 Texas Administrative Code §133.250 sets out the procedures for payment or denial of requests for reconsideration of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - Notes: "DISALLOWED, CHARGES WILL BE REVIEWED UPON RECEIPT OF SUPPORTING INFO: SUCH AS MMI EVALUATION RATING REPORT DWC069. RESUBMIT WITH ORIGINAL BILL."

- 205 – Disallowed, charges will be reviewed upon receipt of supporting info: such as reports, notes, or invoice. Resubmit with original bill.
- 16 – Claim/service lacks information or has submission/billing error(s).
- M127 – Missing patient medical record for this service.
- MA27 – Missing/incomplete/invalid entitlement number or name shown on the claim.
- MA30 – Missing/incomplete/invalid type of bill.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.

Issues

1. Did United Wisconsin Insurance Company respond to the medical fee dispute?
2. Are the insurance carrier's reasons for denial of payment based on billing or submission errors supported?
3. Are the insurance carrier's reasons for denial of payment based on documentation supported?
4. Is Pacific Billing Services, Inc. entitled to additional reimbursement?

Findings

1. The Austin carrier representative for United Wisconsin Insurance Company is Stone Loughlin & Swanson LLP. Stone Loughlin & Swanson LLP acknowledged receipt of the copy of this medical fee dispute on July 30, 2019. Rule §133.307(d)(1) states that 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 therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

2. Pacific Billing Services, Inc. is seeking reimbursement for a designated doctor exam performed on April 30, 2019. United Wisconsin Insurance Company denied payment for the examination, in part based on billing or submission errors.

   The DWC found no errors on the bills submitted with the request for medical fee dispute resolution (MFDR). The insurance carrier provided no evidence to support either billing or submission errors on the requested services. This denial of payment is not supported.

3. United Wisconsin Insurance Company also denied payment of the disputed examination based on missing documentation. The greater weight of evidence submitted with the request for MFDR supports that Pacific Billing Services, Inc. sent a request for reconsideration that included the Report of Medical Evaluation (DWC069) and narrative for the examination.

   The insurance carrier is required to take final action on a request for reconsideration within 30 days of receiving the request.[1] United Wisconsin Insurance Company failed to provide evidence that it took final action on the request. The denial for this reason is not supported.

4. Because the insurance carrier failed to support its denial of payment for the examination in question, Pacific Billing Services, Inc. is entitled to reimbursement for the services in question.

   The submitted documentation supports that Dr. R. David Bauer performed an evaluation of maximum medical improvement as ordered by the DWC. Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.[2]

   The submitted documentation supports that Dr. Bauer provided an impairment rating, which included a musculoskeletal body area, performing a full physical evaluation with range of motion of the hand. Reimbursement is $300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.[3]

[1] 28 TAC §133.250(g)
[2] 28 TAC §134.250(3)(C)
[3] 28 TAC §134.250(4)(C)(ii)(II)(-a-)

The total allowed amount is $650.00. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $650.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services.
The DWC hereby ORDERS the respondent to remit to the requestor $650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	October 11, 2019
Signature	Medical Fee Dispute Resolution Officer	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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.