



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

David Martin Griffith

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-23-2447-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

May 25, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 17, 2022	99456	\$550.00	\$0.00
September 22, 2022	99456	\$850.00	\$0.00
<b>Total</b>		<b>\$1,400.00</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. Rather, copies of email correspondence and "Reconsideration" dated January 13, 2023 that states, "In review of your EOB it has been found that we have never received an initial denial or payment. Also, when reviewing this case, it was found this was initially billed wrong. Please process this claim for payment."

**Supplemental response July 25, 2023**

"Although payment has been received, I do not believe the payments included interest and we would like to continue with the dispute resolution."

**Supplemental response received September 18, 2023**

"Dr. Griffith has checked his PO BOX numerous times and we have received checks from other insurance carriers, however none are interest payment for this claim."

**Amount in Dispute:** \$1,400.00

## **Respondent's Position**

"...The Carrier is currently issuing payment for the dates of service at issue in this matter."

### **Supplemental response submitted December 22, 2023**

"Here is the payment history for the interest payments. The checks cleared on 10/03/2023.

**Response submitted by:** Downs ♦ Stanford, P.C.

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.130](#) sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. [TLC §413.019](#) sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
4. [TLC §401.023](#) sets out the procedures for computation of Interest or Discount Rate.

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 5264 – Payment is denied/service not authorized.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service.

### Issues

1. Did the insurance carrier issue payment for the disputed charges?
2. Did the respondent support interest payments were made and received by the requestor?

Findings

1. The requestor billed an amount of \$1,400.00 for professional medical charges rendered on May 17, 2022, and September 22, 2022. The requestor acknowledged payment was received for the dispute services on July 15, 2023 but is seeking interest.
2. Review of the submitted documentation found DMG Health Services received the following interest payments.
  - September 20, 2023 \$28.41 for date of service May 17, 2022 via check number 135774869.
  - September 20, 2023 \$43.56 for date of service September 22, 2022 via check number 135774870.

The DWC finds that the greater weight of evidence supports that the disputed medical bills were paid, and additional interest payments were made, and received as respondent indicates checks cleared on October 3, 2023. Insufficient evidence was submitted by the requestor to refute these payments were not made per the applicable DWC rules shown above.

Conclusion

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

**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

September 19, 2024  
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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).