



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Townsend, M.D.

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-24-1109-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

January 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 1, 2023	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00

Requestor's Position

"We have reached out to two adjusters for updates and status multiple times. We have either gotten no reply or a reply with the wrong information ... Per our records, the bill was submitted to the insurance carrier on: 8/17/2023 ... We believe that we submitted the bill in a timely matter, charged correctly, and are entitled to payment of \$350.00."

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey, PLLC. The representative was notified of this medical fee dispute on January 23, 2024.

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 \(TAC\) §133.240](#) 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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement.

Denial Reasons

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

Issues

1. Did Old Republic Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is John Townsend, M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Townsend is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. Dr. Townsend argued that he did not receive payment for the medical bills submitted for the examination in question.

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 received by the insurance carrier or its agent. 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 defend its non-payment of the services in question, DWC finds that Dr. Townsend is entitled to reimbursement.

The submitted documentation supports that Dr. Townsend performed an evaluation of maximum medical improvement as ordered by DWC. Dr. Townsend found that the injured employee was not at MMI. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement for this examination is \$350.00. Because the injured employee was found not to be at MMI, no impairment rating was determined.

DWC finds that the total allowable reimbursement for the services in question is \$350.00. 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 reimbursement of \$350.00 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 Old Republic Insurance Co. must remit to John Townsend, M.D. \$350.00 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

April 16, 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. 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.