



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dorea Neigert, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-2164-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 23, 2024	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$650.00

Respondent's Position

"Texas Mutual has no record of receiving a bill or an appeal from Pacific Billing Services ... Texas Mutual received a fax from Pacific Billing Services[sic] with 17 pages on 1/30/24, however a bill was not included in this packet."

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 \(TAC\) §133.20, effective January 29, 2009, 34 TexReg 430](#) sets out the procedures for submitting medical bills for dates of service prior to June 1, 2024.
2. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

Denial Reasons

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

Issues

1. Did Texas Mutual Insurance Company take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is Dorea Neigert, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Neigert is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on January 23, 2024.

Dr. Neigert asserts that no response was received for medical bills submitted for the examination in question. Texas Mutual Insurance Company asserts that it had "no record of receiving a bill or an appeal from Pacific Billing Services."

28 TAC §133.20(a) states, "The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section."

Texas Mutual submitted documents to DWC that are date and time stamped showing receipt on January 30, 2024, at 8:41:22 AM Central Standard Time. These documents are stamped with counted page numbers 1 through 17. This information corresponds to the included documentation of a two-page fax cover sheet, one-page Report of Medical Evaluation

(DWC069), and 14-page narrative report.

Dr. Neigert submitted documents to DWC that contained a fax cover sheet with confirmation of submission on January 30, 2024, at 12:09:22 PM EST, which is 11:09 AM Central Standard Time. It confirmed that the fax was sent to Texas Mutual with 17 pages. This information corresponds with the included documentation of the one-page fax cover sheet, one-page medical bill, one-page Report of Medical Evaluation (DWC069), and 14-page narrative report. Dr. Neigert submitted documentation that supports a second fax with the same information was sent to Texas Mutual on March 12, 2024, at 12:40:46 PM EDT, which is 11:40 AM Central Daylight Time.

DWC concludes that the greater weight of evidence presented to DWC supports that a complete bill for the services in question was submitted to and received by the insurance carrier or its agent.

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.

No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Based on the documentation provided, DWC finds that Dr. Neigert is entitled to reimbursement for the services in question.

The submitted documentation supports that Dr. Neigert performed an evaluation of maximum medical improvement as ordered by the 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. Neigert performed impairment rating evaluations of the 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 total allowable reimbursement for the examination in question is \$650.00. 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 \$650.00 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 Dorea Neigert, D.C. \$650.00 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 11, 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.