



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Richard Lawrence, M.D.

**Respondent Name**

Wellfleet New York Insurance Company

**MFDR Tracking Number**

M4-24-2921-01

**Carrier's Austin Representative**

Box Number 12

**DWC Date Received**

August 27, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2023	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W7-RE	\$250.00	\$250.00
	Designated Doctor Examination 99456-W8-RE	\$125.00	\$125.00
<b>Total</b>		<b>\$1,525.00</b>	<b>\$1,525.00</b>

### Requestor's Position

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

**Amount in Dispute:** \$1,525.00

### Respondent's Position

"Requestor performed a designated doctor examination on 08/29/23, to determine maximum medical improvement (MMI), impairment rating (IR), extent of injury, return to work, and disability. Requestor alleges in his request for medical dispute resolution that he submitted his

medical bill on 09/05/23, and on reconsideration on 11/14/23. However, a review of the bills and accompanying correspondence shows that the Requestor submitted to bill to the incorrect carrier, 'Berkshire Hathaway Guard,' ... The correct carrier in this case is Wellfleet New York Insurance Company, care of BiBerk ...

**"The Carrier hereby provides notice to the Division and the Provider that the MFDR Request received by the Respondent on 09/05/24 is the first receipt of the bill from the Provider."**

**Response Submitted by:** Shanley Price

## **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](#) sets out the procedures for submitting a medical bill.
2. [28 TAC §133.210](#) sets out the rules regarding documentation.
3. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
5. [28 TAC §134.235, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine extent of injury, disability, and ability to return to work with dates of service prior to June 1, 2024.
6. [28 TAC §134.240, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for designated doctors with dates of service prior to June 1, 2024.
7. [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 denial of payment for the disputed services.

## Issues

1. What are the services considered in this dispute?
2. Did Richard Lawrence, M.D. submit a medical bill to the insurance carrier?
3. Did Wellfleet New York Insurance Company take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
4. Is Dr. Lawrence entitled to reimbursement for the services in question?

## Findings

1. Dr. Lawrence is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR), extent of the compensable injury, disability, and ability to return to work.

While the submitted Medical Fee Dispute Resolution Request (DWC060) indicates that the services in question were performed on date of service August 29, 2024, the attached documents indicate that the services were performed on date of service August 29, 2023. DWC will review the services as billed for date of service August 29, 2023.

2. Dr. Lawrence argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question. The insurance carrier argued that the health care provider submitted the bills to the wrong insurance carrier and "the MFDR Request received by the Respondent on 09/05/24 is the first receipt of the bill from the Provider."

According to 28 TAC §133.20(a), a health care provider must submit a medical bill to the insurance carrier. Evidence submitted by the requestor supports that he submitted the medical bill and medical notes to the adjuster noted on the Request for Designated Doctor Examination (DWC032) and confirmed by information known to DWC. The submitted documentation indicates that this bill was sent by fax on September 6, 2023.

28 TAC §133.210(e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other."

DWC finds that Dr. Lawrence submitted a medical bill to the insurance carrier as required by 28 TAC §133.20(b).

3. 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.

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

4. Because the insurance carrier failed to support non-payment of the services in question, DWC finds that Dr. Lawrence is entitled to reimbursement.

The submitted documentation supports that Dr. Lawrence performed an evaluation of MMI 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. Lawrence performed impairment rating evaluations of the upper extremity 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 submitted documentation indicates that Dr. Lawrence performed examinations to determine the extent of the compensable injury, disability, and ability to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240(2).

Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. Additional examinations are reimbursed at 25%.

For this dispute, the MAR for the examination to determine the extent of the compensable injury is \$500.00. The examination to determine disability is \$250.00. The examination to determine the ability to return to work \$125.00.

The total allowable reimbursement for the services in question is \$1,525.00. 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 \$1,525.00 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 Wellfleet New York Insurance Company must remit to Richard Lawrence, M.D. \$1,525.00 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

October 24, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).