



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

SUMMIT REHABILITATION CENTERS

**Respondent Name**

ASSOCIATION CASUALTY INSURANCE COMPANY

**MFDR Tracking Number**

M4-06-3390-01

**Carrier's Austin Representative**

Box Number 53

**MFDR Date Received**

January 18, 2006

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Services were provided by the approved TWCC doctor to the Injured employee."

**Amount in Dispute:** \$205.05

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The services performed were denied because the provider was not the treating Dr. nor referred by the treating Dr."

**Response Submitted by:** Association Casualty, PO Box 9728, Austin, Texas 78766

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 3, 2005	Professional Medical Services	\$205.05	\$205.05

**FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 52 – Provider not eligible for service billed
  - W1 – Workers' Compensation State Fee Schedule Adjust
  - 38 – Provider is not an Authorized Treating Physician
  - W4 – No additional payment allowed after review

## **Issues**

1. Is the provider of service the injured employee's treating physician?
2. Was the provider of service eligible to treat on the date of service?
3. What is the applicable rule for determining reimbursement for the disputed services?
4. Is the requestor entitled to reimbursement?

## **Findings**

1. The insurance carrier denied disputed services with reason code 38 – "Provider is not an Authorized Treating Physician." The respondent's position statement asserts "The services performed were denied because the provider was not the treating Dr. nor referred by the treating Dr." Per former Division rule at 28 Texas Administrative Code §180.22(c), effective March 14, 2002, 27 *Texas Register* 1817, "The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's (employee) compensable injury. The treating doctor shall: (1) except in the case of an emergency, approve or recommend all health care rendered to the employee including, but not limited to, medically reasonable and necessary treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers." The requestor submitted a copy of the TWCC form 41, notice of injury, indicating that the injured employee's initial choice of treating doctor is Dr. Luz Gonzalez-Colon, of Summit Rehab Centers. Review of Division records finds that the treating doctor is Luz Divina Gonzalez. The Division takes notice that this is the same person. Review of the submitted medical bills finds that the services were provided by Luz D. Gonzalez, DC at Summit Rehab. Centers FW. The Division finds that the provider of disputed services is the injured employee's treating doctor. The insurance carrier's denial reason is therefore not supported.
2. The insurance carrier denied disputed services with reason code 52 – "Provider not eligible for service billed." Per former Division rule at 28 Texas Administrative Code §180.20(a), effective September 12, 2004, 29 *Texas Register* 8613, except in an emergency or for the immediate post-injury medical care, injured employees shall receive health care from a doctor on the Division's approved doctor list. Review of Division records finds that the provider of service was credentialed with the Division's approved doctor list on the date of the disputed services. The Division concludes that the provider was eligible to perform the service billed. The insurance carrier's denial reason is not supported. The services will therefore be reviewed per applicable Division rules and fee guidelines.
3. This dispute relates to professional medical services with reimbursement subject to the provisions of 28 Texas Administrative Code §134.202(b), effective January 5, 2003, 27 *Texas Register* 4048 and 12304, which requires that "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section." §134.202(c) further requires that "To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%."
4. Reimbursement is calculated as follows:
  - Procedure code 99204, service date June 3, 2005, has a Medicare payment rate of \$136.61. This amount multiplied by 125% results in a MAR of \$170.76.
  - Procedure code 73120, service date June 3, 2005, has a Medicare payment rate of \$27.43. This amount multiplied by 125% results in a MAR of \$34.29.The total recommended payment for the services in dispute is \$205.05. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$205.05. This amount is recommended.

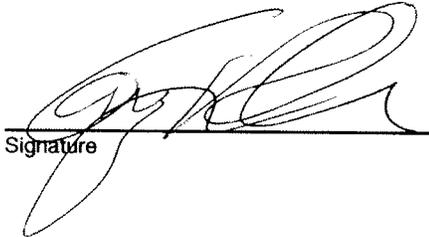
## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$205.05.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$205.05 plus applicable accrued interest per 28 Texas Administrative Code §134.803, and/or §134.130 if applicable, due within 30 days of receipt of this Order.

**Authorized Signature**

  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

May 30, 2014  
Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **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 §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

