



# 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**

Dallas Doctor's Professional Assoc

**Respondent Name**

American Home Assurance Co

**MFDR Tracking Number**

M4-09-B314-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

August 10, 2009

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "On all dates of service, all modalities and the number of units per modalities were preauthorized prior to being administered."

**Amount in Dispute:** \$65.40

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** Written acknowledgment of medical fee dispute received. However, no position statement submitted.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 2-3, 2009	97140	\$65.40	\$0.00

#### 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 guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 23 – The impact of prior payer(s) adjudication including payments and/or adjustments.

**Issues**

- Did the requestor support additional payment is due?
- Is the requestor entitled to reimbursement?

**Findings**

- 28 Texas Labor Code §134.202(b) (adopted to be effective January 5, 2003, 27 TexReg 4048 and 12304), states in pertinent part, "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. Review of the submitted medical claim finds the following;

- a. Code 97140 has a National Correct Coding Initiative (NCCI) edit with code 97530.
- b. Per Medicare rules no separate payment can be recommended.

2. The Division finds no reimbursement can be recommended as no documentation and/or modifier was found to support this was a separate and distinct procedure.

**Conclusion**

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

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	August 28, 2014 Date
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**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.**