



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
JOHN GILBERT STEELE, MD

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-15-3823-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
JULY 20, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "EcCare Health Centers recognizes and correctly reads TAC 28 part 2 134.203 (b) (1)'Fee Guidelines for Professional Services' demonstrating that reimbursement in the amount of \$213.70 is due and payable."

Amount in Dispute: \$213.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed code 99214 but did not substantiate the criteria necessary to use the code...No payment is due for code 99214."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 23, 2014	CPT Code 99214 Office Visit	\$198.70	\$0.00
	CPT Code 99080-73 Work Status Report	\$15.00	\$0.00
TOTAL		\$213.70	\$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §141.1 requesting and setting a Benefit Review Conference.
3. Case History of M4-15-3823-01:
 - Original dispute was received in Medical Fee Dispute Resolution on March 24, 2015.
 - Division docketed dispute under tracking number M4-15-2299-01.
 - A Findings and Decision with Appeal Language was issued on June 18, 2015.
 - Requestor re-submitted dispute for date of service September 23, 2014 to Medical Fee Dispute Resolution on July 20, 2015.
 - The case was docketed under tracking number M4-15-3823-01.

Findings

A review of the submitted *Table of Disputed Services* finds that the requestor is seeking medical fee dispute resolution for date of service September 23, 2014 for codes 99214 and 99080-73.

The Division reviewed the records and finds that the requestor previously submitted a dispute for this date of service and codes and was docketed under tracking number M4-15-2299-01. Further review finds that the Division issued a Findings and Decision regarding this date of service and codes on June 18, 2015.

28 Texas Administrative Code §133.307(g) states "Appeal of MFDR Decision. A party to a medical fee dispute may seek review of the decision. Parties are deemed to have received the MFDR decision as provided in §102.5 of this title. The MFDR decision is final if the request for the benefit review conference is not timely made."

28 Texas Administrative Code §133.307(g)(1)(C) states "A party must file the request for a benefit review conference in accordance with Chapter 141 of this title and must include in the request a copy of the MFDR decision. Providing a copy of the MFDR decision satisfies the documentation requirements in §141.1(d) of this title."

28 Texas Administrative Code §133.307(g) provides for the appeal process of MFDR decisions. The requestor did not appeal decision M4-15-2299-01 rendered on June 18th, 2015 which addressed the same date of service in this dispute.

Conclusion

Because a final decision regarding the dates of service in this dispute was previously rendered and not appealed by the requestor, the previously rendered decision for M4-15-2299-01 is final pursuant to 28 Texas Administrative Code §133.307(g). For that reason, the Division finds that the requestor has failed to support that reimbursement is due.

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

08/13/2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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