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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
James Ninh, D.C.

Respondent Name
Arch Insurance Company

MFDR Tracking Number
M4-17-0935-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
December 5, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION/PARTIAL PAY"

Amount in Dispute: $250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment issued on 07-12-2016 in the amount of $615.00
Payment issued on 09-01-2016 in the amount of $75.00
Payment issued on 11-07-2016 in the amount of $175.00"

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 10, 2016	Designated Doctor Examination	$250.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 59 – Processed based on multiple or concurrent procedure rules.

Issues

1. What are the services in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. James Ninh, D.C. is seeking additional reimbursement for a designated doctor examination. Dr. Ninh included procedure codes 99456-W5-NM, 99456-W8-RE, and 99080-73 on the Medical Fee Dispute Resolution Request (DWC060). He is seeking $0.00 for procedure codes 99456-W5-NM and 99080-73. Therefore, these procedures will not be considered in this dispute. Dr. Ninh is seeking an additional $250.00 for procedure code 99456-W8-RE. This is the service considered in this dispute.
2. Review of submitted documentation finds that Dr. Ninh billed a total of $500.00 for the service in dispute. Per explanations of benefits submitted by Arch Insurance Company (Arch) dated July 12, 2016; September 1, 2016; and November 7, 2016, Arch paid a total reimbursement of $500.00. The Division concludes that no further reimbursement is due.

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 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	February 3, 2017
Signature	Medical Fee Dispute Resolution Officer	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, 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 MFDR 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.