



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

DALLAS TESTING INC

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-19-0723-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 10, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...this claim should be PAID IN FULL to prevent IRO (independent Review Organization) and MFDR (Medical fee Dispute Resolution). All necessary and supporting documentation is included with this Reconsideration to properly justify/support the administer treatment still needing to be paid."

Amount in Dispute: \$132.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier has previously responded to this dispute on October 31, 2018. As noted in the carrier's initial response, the carrier issued a check consistent with what the provider was seeking which was the amount of \$132.66. We attached a copy of an EOB dated October 26, 2018 with our October 31, 2018 response. We are not attaching a second EOB dated November 5, 2018 that recommended interest on the principal amount previously paid. Once again, we would ask that either the provider withdraw his request for Medical Fee Dispute Resolution or that the Division dismiss it since the issues have resolved."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 7, 2017	97163-GP	\$132.66	\$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 §134.203 sets out the fee guideline for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits

Issues

- Did the insurance carrier issue payment for the disputed services rendered on December 7, 2017?
- Is the requestor entitled to additional reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”

Per 28 Texas Administrative Code §134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.”

The requestor seeks a total reimbursement in the amount of \$132.66. Review of the supplemental documentation in the form of EOBs supports that payment in the amount of \$132.66 was issued to the requestor on October 26, 2018 for date of service December 7, 2017. Review of the EOB dated November 5, 2018 supports that interest in the amount of \$5.64 was issued to the requestor. As a result, the requestor is not entitled to additional reimbursement for the disputed CPT code 97163-GP.

2. Review of the submitted documentation finds that the requestor is not entitled to additional reimbursement for the disputed CPT code 97163-GP.

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

December 18, 2018
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.