



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

GABRIEL JASSO PHD

Respondent Name

COMMERCE & INDUSTRY INSURANCE

MFDR Tracking Number

M4-19-4315-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 3, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Services billed was at the request of designated doctor. Our office has not received an EOB in response to our request for reconsideration submitted."

Amount in Dispute: \$3,873.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has reviewed the above referenced medical fee dispute, and the bill has been processed. The amount due the Provider is \$3,872.16. Payment is pending."

Response Submitted by: AIG

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
November 6, 2018	96118 and 96116	\$3,873.04	\$0.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 1 – Workers compensation jurisdictional fee schedule adjustment
 - 2 – The charge for the procedure exceeds the amount indicated in the fee schedule

Issue(s)

- Did the insurance carrier issue payment to the requestor?
- Is the requestor entitled to additional reimbursement?

Findings

- 1. The requestor seeks reimbursement for CPT Codes 96118 and 96116 rendered on November 6, 2018. The insurance carrier in their position statement indicates the following, "The Carrier has reviewed the above referenced medical fee dispute, and the bill has been processed. The amount due the Provider is \$3,872.16. Payment is pending." The respondent submitted a copy of an EOB dated, June 24, 2019 to support that a payment in the amount of \$3,872.16 was issued to the requestor.

The requestor was contacted by the DWC on July 25, 2019, to confirm receipt of payment. The requestor's contact, James Colvin responded on July 31, 2019, and indicated that although the insurance carrier issued a payment, the payment amount was \$3,782.16 and not the \$3,872.16 as indicated on the EOB. The requestor therefore seeks an additional payment in the amount of \$90.88.

The DWC will now consider whether the requestor is entitled to additional reimbursement in the amount of \$90.88.

- 2. To determine the MAR the DWC applies, 28 TAC §134.203 (c)(1)(2).

Procedure code 96118, November 6, 2018, has a Work RVU of 1.86 multiplied by the Work GPCI of 1.02 is 1.8972. The practice expense RVU of 0.81 multiplied by the PE GPCI of 1.012 is 0.81972. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.936 is 0.06552. The sum is 2.78244 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$162.24 at 20 units is \$3,244.80.

Procedure code 96116, November 6, 2018, has a Work RVU of 1.86 multiplied by the Work GPCI of 1.02 is 1.8972. The practice expense RVU of 0.7 multiplied by the PE GPCI of 1.012 is 0.7084. The malpractice RVU of 0.09 multiplied by the malpractice GPCI of 0.936 is 0.08424. The sum is 2.68984 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$156.84 at 4 units is \$627.36.

The requestor indicates that a payment was issued in the amount of \$3,782.16, however, submitted insufficient documentation to support that this amount was reimbursed. The insurance carrier submitted a copy of an EOB to support that the MAR amount of \$3,872.16 was issued to the requestor. The DWC, therefore finds that the requestor was reimbursed the MAR amount and for that reason is not entitled to additional reimbursement.

- 3. Review of the submitted documentation finds that the requestor was reimbursed the MAR amount for the services in dispute and therefore, is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the DWC 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 6, 2019

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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 TAC §141.1(d).

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