



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

ERWIN CRUZ MD

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-19-4345-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 4, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our office has not received and explanation of benefits for our reconsideration request. THIS SERVICE WAS AT THE REQUEST OF DESIGNATED DOCTOR."

Amount in Dispute: \$3,068.13

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have determined that the Carrier does not owe the bill in the amount of \$3,068.13 for date of services 7/28/2018-7/30/18, as the bill was paid on 11/21/2018 in the amount of \$3,068.13 and on 12/8/2018 in the amount of \$3,067.62, please see the attached copies of electronic payments. The bill has been overpaid in the amount of \$3,068.13, the Carrier will request for reimbursement from the medical provider."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 28, 2018 through July 30, 2018	95951-26 x 3 and 95957 x 3	\$3,068.13	\$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.

Issues

- Did the insurance carrier issue payment for the disputed services rendered on July 28, 2018 through July 30, 2018?
- Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for professional services rendered on July 28, 2018 through July 30, 2018 in the amount of \$3,068.13. 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 \$3,063.13 for dates of service rendered on July 28, 2018 through July 30, 2018. Review of the submitted documentation in the form of EOBs and payment screens submitted by the insurance carrier, supports that payments in the amount of \$3,068.13 and \$3,067.62 were issued to the requestor for the disputed services.

The first payment totaling \$3,068.13 was issued on 11/20/2018 under check number 0150446409 and cleared the bank on 11/21/2018. The second payment totaling \$3,067.62 was issued on December 7, 2018 under check number 0150849139 and cleared the bank on December 10, 2018. As a result, the requestor is not entitled to additional reimbursement for the disputed CPT codes rendered on July 28, 2018 through July 30, 2018.

2. The Division determined that the insurance carrier submitted sufficient documentation to support that two payments were issued to the requestor for the disputed services. As a result, the requestor is not entitled to additional reimbursement for the disputed CPT codes rendered on July 28, 2018 through July 30, 2018.

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 2, 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 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.