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**
Gilbert Mayorga, M.D.

**Respondent Name**
Travelers Casualty Insurance Company of America

**MFDR Tracking Number**
M4-20-0023-01

**Carrier's Austin Representative**
Box Number 5

**MFDR Date Received**
September 5, 2019

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "… the patient was seen for a designated doctor evaluation. The charges were for 99456-W5-WP for 4 units for a total of $950.00, as well as 99456-W6-RE for $500.00, as well as $15.00 for 99080 which are allowed by the Texas Fee Guideline. We received $1150.00 and were not paid the additional $315.00."

**Amount in Dispute:** $315.00

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** "… the Carrier has reviewed the documentation and determined the Provider was properly reimbursed."

**Response Submitted by:** Travelers

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| September 6, 2018 | Designated Doctor Examination | $315.00 | $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 (DWC).

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was also performed.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.
- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.

**Issues**

1. Is this dispute subject to dismissal based on timely filing?
2. Is Dr. Mayorga entitled to additional reimbursement?

**Findings**

1. The insurance carrier asserted that Dr. Mayorga "did not timely file their Request for Medical Fee Dispute Resolution with the Division within one year of the date of service as required by Rule 133.307(c)(1)."

   The date of service in question is September 6, 2018. The DWC received the request for medical fee dispute resolution on September 5, 2019. This date is less than one year after the date of service.

   This dispute is not subject to dismissal based on timely filing.

2. Dr. Mayorga is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and additional documentation.

   The documents submitted with this dispute show that Dr. Mayorga performed an evaluation of maximum medical improvement as ordered by the DWC. Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.[1]

   The documents submitted with this dispute also show that Dr. Mayorga performed an examination that included range of motion and provided an impairment rating of the spine. Therefore, the MAR for this service is $300.00.[2]

   No evidence was submitted to support that Dr. Mayorga is entitled to payment for additional documentation represented by CPT code 99080.

   The total allowable amount for the services in question is $650.00. The insurance carrier reimbursed this amount. No additional payment is recommended.

**Conclusion**

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. 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 on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

[1] 28 TAC §134.250(3)(C)
[2] 28 TAC §134.250(4)(C)(ii)(II)(-a-)

**Authorized Signature**

| | | |
|---|---|---|
| | Laurie Garnes | October 11, 2019 |
| 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 Rule §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 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. **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**.