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
Dr Robert Dernick

Respondent Name
Hartford Casualty Insurance Co

MFDR Tracking Number
M4-20-0174-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
September 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The amount received was approximately a third of the total charge and represents a considerable loss to my practice. …The Hartford's payment also represents a reimbursement far below what's considered "Usual, Customary, and Reasonable."

Amount in Dispute: $2,773.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Services were processed in accordance with the Texas Workers' Compensation Dental Fee Guidelines. 28 TAC §134.403."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 6 – 28, 2018	Dental services	$2,773.66	$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. 28 Texas Administrative Code §134.303 sets out the reimbursement guidelines for dental claims.

Issues

What rule is applicable to the reimbursement of dental services?

Findings

The requestor is seeking additional reimbursement for dental services rendered in November 2018. The insurance carrier stated their reimbursement was processed in accordance with 28 TAC §134.403.

The fee guideline in 28 TAC §134.403 (c) states,

To determine the maximum allowable reimbursements (MARs), the following apply:

(1) The fees listed for the procedure codes in the Texas Medicaid Dental Fee Schedule shall be multiplied by 200%

Review of the 2018 Texas Medicaid fee schedule at http://public.tmhp.com/FeeSchedules/Default.aspx, found the following;

- D9110 allowed amount $17.92 multiplied by 200% = $35.84
- D2940 allowed amount $34.95 multiplied by 200% = $69.90
- D2940 allowed amount $34.95 multiplied by 200% = $69.90
- D2740 allowed amount $252.25 multiplied by 200% = $504.50
- D2740 allowed amount $252.25 multiplied by 200% = $504.50

The total allowed amount based on the Texas Department of Workers' Compensation Dental fee schedule is $1,184.64. This amount was paid the insurance carrier. No additional payment is due.

Conclusion

For the reasons stated above, 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, DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 31, 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 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to 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 TAC §141.1(d).

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