

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Michael Lopez DC

**Respondent Name**

Federated Service Insurance Co

**MFDR Tracking Number**

M4-22-0860-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

January 10, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 13, 2021	99361	\$113.00	\$0.00
<b>Total</b>		\$113.00	\$0.00

### Requestor's Position

This is an incorrect denial from the carrier. Please see attached previous team conference dated 5.21.2021 compared to this Team Conference dated 8.13.2021. Changes are marked in blue...

**Amount in Dispute:** \$113.00

### Respondent's Position

The carrier disputed the charges, as stated on the original and reconsideration EOBs, on the basis that the conference was not triggered by a documented change in condition and performed for the purpose of coordination of treatment and / or return to work, as required by the Texas workers' compensation guidelines.

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.220 sets out the requirements of team conferences.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 16 – Claim/service lacks information or has submission billing error(s)
- 270 – No allowance has been recommended for this procedure/service/supply please see special "NOTE" below
- W3 – In accordance with TDI\_DWC Rule 134.804, this bill has been identified as a request for reconsideration

### Issues

1. Is the insurance carrier's denial based on lack of supporting documentation?

### Findings

1. The requestor states in their position statement that changes were documented between the May team conference and the August team conference.

DWC Rule 28 TAC §134.220 (2) states team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee.

Review of the documents find information pertaining to referrals, diagnostics, work status, progress and treatment plan. None of which supports a description of changes in any of these areas as required by the Rule. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 11, 2022

\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).