



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dr. Jorge Luis Nieto

**Respondent Name**

Employers Preferred Insurance Co.

**MFDR Tracking Number**

M4-22-0980-01

**Carrier's Austin Representative**

Box Number 04

**DWC Date Received**

January 24, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2021	CPT Code 99213	\$163.14	\$0.00
June 16, 2021	CPT Code 99080-73	\$15.00	\$0.00
July 13, 2021	CPT Code 97110-GP	\$323.52	\$0.00
July 13, 2021	CPT Code 97112-GP	\$125.42	\$0.00
<b>Total</b>		<b>\$627.08</b>	<b>\$0.00</b>

### Requestor's Position

"...**these claims should be PAID IN FULL**...I have also attached the preauthorization for the therapy and a copy of payment for a later date of service on the same authorization."

Email dated March 7, 2022: "Yes, please proceed with MFDR. The 7/13 was paid but they have not received payment for the 6/16 date of service."

**Amount in Dispute:** \$627.08

### Respondent's Position

"Review of claim history reveals a payment in full has already been issued as follows:

#35716438 issued on 07/23/21 for \$178.14 cleared on 08/03/21

#36726477 issued on 08/31/21 for \$448.94 cleared on 09/09/21."

**Response Submitted by:** Employers

## **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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

### Denial Reasons

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

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 90563, 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283-Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract or car

### Issues

1. Is Dr. Jorge Luis Nieto entitled to additional reimbursement?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$627.08 for CPT codes 99213, 99080-76 rendered on June 16, 2021, and 97110-GP and 97112-GP rendered on July 13, 2021.

The respondent contends additional reimbursement is not due because payment per the fee guideline was issued with the following: "#35716438 issued on 07/23/21 for \$178.14 cleared on 08/03/21;" and "#36726477 issued on 08/31/21 for \$448.94 cleared on 09/09/21."

The DWC makes the following conclusions based upon the information and documentation presented to the DWC to date. Even though all the evidence was not discussed, it was considered.

Peak Integrated Healthcare/Dr. Jorge L. Nieto asserts that the carrier has not paid for the services in dispute for date of service June 16, 2021. Review of the explanations of benefits provided finds that the carrier issued a payment in the amount of \$178.14 to Peak Integrated Services on July 23, 2021 via check number 35716438.

The DWC concludes that the carrier reimbursed for the full disputed amount. For that reason, the Division moves to resolve this dispute with the information available and concludes that no additional reimbursement can be 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

\_\_\_\_\_  
03/30/2022

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).