



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PHD

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-23-1725-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 16, 2023

Requester's Position

"The carrier has reduced this claim inappropriately and not in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or denied this claim in its entirety following our filing of Request for Reconsideration."

Amount in Dispute: \$135.64

Respondent's Position

"The documentation showed nature of presenting problem: moderate – 2 chronic condition, complexity of data review: straightforward – none; and risk of complications; low – therapy is present. Therefore, the medical documentation does not support medical decision-making key component of the billed code 99205."

Response Submitted by: Downs Stanford

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|------------|
| September 20, 2022 | 99616 | \$5.60 | \$5.09 |
| September 20, 2022 | 96132 | \$7.92 | \$7.05 |

| | | | |
|--------------------|-------|----------|----------|
| September 20, 2022 | 96133 | \$87.36 | \$76.58 |
| September 20, 2022 | 96136 | \$3.62 | \$2.36 |
| September 20, 2022 | 96137 | \$31.14 | \$19.27 |
| Total | | \$135.64 | \$110.35 |

Findings and Decision

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).

Background

1. [28 Texas Administrative Code §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets the reimbursement guidelines for the disputed service.
3. The respondent reduced/denied reimbursement for the disputed services based on the following claim adjustment reason codes:
 - 193 – Original payment decision is being maintained. This claim was processed properly the first time.
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the requester entitled to additional reimbursement for the disputed services rendered on September 2022?

Findings

1. The requestor is seeking additional reimbursement for professional services rendered in September 2022. The insurance carrier reduced the allowed amount based on workers' compensation fee schedule. The services in dispute will be reviewed per applicable fee guidelines.
2. DWC Rule 134.203 (c) (1) states in pertinent part, To determine The MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Evaluation and Management... The established conversion factor for 2022 is \$62.46. The Maximum Allowable Reimbursement is calculated as DWC Conversion Factor/Medicare Conversion Factor multiplied by the CMS Physician Fee Schedule allowable for location.
 - The CMS 2022 Medicare conversion factor is \$33.59. Medicare Fact Sheet, Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule at www.cms.gov, CY 2022 PFS Rate setting and Conversion Factor, ...With the budget neutrality adjustment to

account for changes in RVUs (required by law), and expiration of the 3.75 percent temporary CY 2021 payment increase provided by the Consolidated Appropriations Act, 2021 (CAA), the CY 2022 PFS conversion factor is \$33.59.

- The Carrier ID is 04412.
- The location is San Antonio, Rest of Texas. 99.
- 96116 – CMS fee schedule is \$93.29. $\$62.46/33.59 \times 93.29 = \173.47
- 96132 – Physician fee schedule \$129.15. $\$62.46/33.59 \times 129.15 = \240.15
- 96133 - Physician fee schedule $\$62.46/33.59 \times \$100.18 \times 14 \text{ units} = \$2,607.92$
- 96136 - Physician fee schedule $\$62.46/33.59 \times \$43.31 = \$80.53$
- 96137 - Physician fee schedule $\$62.46/33.59 \times \$39.13 \times 9 \text{ units} = \654.85
- Total MAR \$3,756.92

3. The total MAR is \$3,756.92. The insurance company paid \$3646.57. The remaining balance of \$110.35 is due to the requestor.

Conclusion

DWC finds the requester has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that AIU insurance must remit to Alison Walls PHD \$110.35 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

| | | |
|-----------|--|--------------|
| _____ | _____ | May 23, 2023 |
| 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 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. 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.

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 512-804-4812.