



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Robert B Zicterman

Respondent Name

Metropolitan Transit Authority

MFDR Tracking Number

M4-23-1797-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2023	99214	\$196.43	\$196.43
Total		\$196.43	\$196.43

Requestor's Position

No position statement was submitted by the requestor with the request for MFDR.

Amount in Dispute: \$196.43

Respondent's Position

"We are attaching a copy of the provider's CMS 1500 and the carrier's EOB and payment information. The provider is not entitled to payment as noted in the carrier's EOB denial language. The bill lacks sufficient information or has billing errors."

Response submitted by: Flahive, Ogden & Latson

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 guidelines for medical fee dispute resolution.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

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)
- P12 – Workers' Compensation jurisdictional fee schedule adjustment

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of \$196.43 for Code 99214 – "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making."

The insurance carrier denied the disputed service based on lack of information or billing error.

Review of the submitted medical claim and medical records does support a medically appropriate history and moderate level of decision making. The insurance carrier's denial is not supported. The disputed service will be reviewed per applicable fee guidelines.

2. DWC Rule 134.203 (b) states in pertinent parts, (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is yearly conversion factor

(2) Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year.

The DWC conversion factor for the disputed date of service is \$64.83. To calculate the maximum allowable reimbursement the DWC Conversion Factor is divided by the Medicare Conversion Factor then multiplied by the CMS Physician fee schedule allowable at www.cms.gov for the place of service shown below.

- Year 2023 conversion factors $65.83/33.06 = 1.99$
- Physician fee schedule allowable for Houston, Texas \$131.60
- Maximum allowable reimbursement MAR calculation $64.83/33.06 \times \$131.60 = \258.06

3. The MAR for date of service January 25, 2023 is \$258.06. The requestor is seeking \$196.43. This amount 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 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 Metropolitan Transit Authority must remit to Robert Zicterman \$196.43 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	May , 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 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.