



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name and Address**

MEDME SERVICES CORPORATION  
PO BOX 920173  
EL PASO, TX 79902

**Respondent Name**

Travelers Indemnity Co

**Carrier's Austin Representative Box**

Box Number 05

**MFDR Tracking Number**

M4-12-0270-01

**MFDR Date Received**

September 26, 2011

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The MAR is \$469.56. This is the amount that should have been paid initially."

**Amount in Dispute:** \$47.38

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Carrier contends the Provider is not entitled to additional reimbursement."

**Response Submitted by:** Travelers Indemnity Co

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 30, 2011	E0730 NU	\$47.38	\$46.91

**FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §133.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1 – WORKERS COMPENSATION STATE F/S ADJ. REIMBURSEMENT IS FOR PURCHASE OF TENS UNIT.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.

**Issues**

- Is the requestor entitled to reimbursement?

**Findings**

1. 28 Texas Administrative Code §134.203(d) (1) is the applicable division fee schedule for calculation of the maximum allowable reimbursement for the services in dispute. For services in 2011, the maximum allowable reimbursement = (DMEPOS Fee Schedule / 125%) or (DMEPOS allowable) \$375.27 x 125 = \$469.09. The total allowable for the disputed services is \$469.09. The carrier paid \$422.18. An amount of \$46.91 is recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$46.91.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$46.91 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	January , 2014 Date
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***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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