



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Jay Chavda MD PA

**Respondent Name**

Hyatt Corp

**MFDR Tracking Number**

M4-26-0033-01

**Carrier's Austin Representative**

Box Number 48

**DWC Date Received**

September 4, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2024	99214	\$750.00	\$0.00
September 17, 2024	99215	\$950.00	\$366.52
September 17, 2024	31231	\$1370.00	\$381.14
October 15, 2024	99214	\$750.00	\$0.00
October 23, 2024	30469,30117	\$9300.00	\$0.00
November 6, 2024	99215	\$950.00	\$0.00
November 26, 2024	99215	\$739.84	\$0.00
August 13, 2025	99215	\$719.68	\$0.00
<b>Total</b>		<b>\$15529.52</b>	<b>\$747.66</b>

### Requester's Position

The requester did not submit a position statement with this request for MFDR. A copy of a reconsideration dated August 14, 2025 for code 31231 states, "The claim was denied on the basis of "no authorization on file," despite the fact that authorization number [7703088] was valid and active at the time of service."

**Amount in Dispute:** \$15,529.52

### Respondent's Position

The Austin carrier representative for Hyatt Corp is Gallagher Bassett Services. The representative was notified of this medical fee dispute on September 4, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out fee guidelines for professional medical services.

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- D0663 – Reimbursement has been calculated based on the state guidelines
- M62 – Missing/incomplete/invalid treatment authorization code.
- N175 – Missing review organization approval.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduce or denied based on workers' compensation jurisdictional regulations or payment policies or payment policies.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. What services are eligible for MFDR?
2. Is the respondent's denial supported?
3. What rule is applicable to reimbursement?

4. Is the requester due reimbursement?

Findings

1. The requester submitted a request for Medical Fee Dispute Resolution for dates of service from August 2024 to August 2025. The rules specific to MFDR requests prevents the following dates of service being considered in this review.

August 9, 2024. DWC Rule 28 TAC §133.307(c)(1) states: "Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

- (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
- (B) A request may be filed later than one year after the date(s) of service if:
  - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requester receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
  - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requester received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

The date of the service in dispute is August 9, 2024. The request for medical dispute resolution was received at the Division on September 4, 2025. Insufficient evidence was found to support an exception exists to the filing deadline. This date of service is not eligible for MFDR.

Dates of service October 15, 2024, October 23, 2024, November 6, 2024, November 26, 2024 and August 13, 2025. DWC Rule 28 TAC §133.307 (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include:

- (J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills);
- (K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this

chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;

Review of the information submitted did not contain a copy of the medical bills for these dates of service or any explanation of benefits. These dates of service are not eligible for MFDR.

2. The requestor is seeking reimbursement of Code 99215 -25 and Code 31231-XE for date of service September 17, 2024. The insurance carrier denied these services stating no authorization was received. Review of the submitted documents found a MEDINSIGHTS utilization review that gave approval of code 31231 -XE and 99215 -25 from August 12 2024 through November 12, 2024 under prior authorization number 7703088. The insurance carrier's denial for these dates of service is not supported. This date of service will be reviewed per applicable fee guideline.

3. DWC Rule 28 TAC §134.203 states in pertinent part, "(c) To determine the Maximum Allowable Reimbursement (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 \$52.83...

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. 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 following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$ . In this instance,

- DWC Conversion Factor 2024 67.81
- CMS Physician Fee Schedule Conversion Factor 2024 33.2875
- Carrier/Location by zip code 77074 Carrier 04412 Location Houston 18
- $67.81/33.2875 \times \$187.1$  (31231 -XE) = \$381.14
- $67.81/33.2875 \times 179.92$  (99215 -25) = \$366.52

4. Based on the information submitted with this request for MFDR, DWC has found the following. Date of service August 9, 2024 was not submitted to MFDR within one year form date of service, this medical bill is not eligible for MFDR. Dates of service in October 2024, November 2024 and August 2025 were not submitted with required bill copies and explanation of benefits, these dates of service are not eligible for MFDR.

Date of service September 17, 2024 for codes 99215 and 31231 have a MAR of \$747.66. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 requester is entitled to additional reimbursement for the disputed services. It is ordered that Hyatt Corp must remit to Jay Chavda MD PA \$747.66 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

### **Authorized Signature**

_____	_____	December 10, 2025
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](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).