



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Protective Insurance Co

MFDR Tracking Number

M4-22-1618-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 23, 2021	99361	\$113.00	\$0.00
Total		\$113.00	\$0.00

Requestor's Position

"...please see attached documentation showing billing and reimbursement are accordingly to Rule 134.204. Documented changes have been marked for your reference."

Amount in Dispute: \$113.00

Respondent's Position

The Austin carrier representative for Protective Insurance Co is Downs Stanford PC. The representative was notified of this medical fee dispute on April 5, 2022.

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.220 sets out the requirements of case management.

Denial Reasons

- 234 – This procedure is not paid separately
- W1 – Case management services
- 193 – Original payment decision maintained

Issues

1. Did the requestor support their position regarding change of condition?

Findings

1. The requestor is seeking reimbursement of a team conference for date of service July 23, 2021. DWC Rule 134.220 (2) states, Team conferences and telephone call should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee.

The requestor states in the position statement, "Documented changes have been marked for your reference." Review of the submitted "Team Conference" does not indicate the change of condition that triggered the team conference. The respondent's position statement is not supported for the disputed service. No payment 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 requestor 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

		June 21, 2022
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.