



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Travelers Indemnity Co

MFDR Tracking Number

M4-22-2644-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

August 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 19, 2022	L0642	\$0.00	\$0.00
May 19, 2022	E0217-RR	\$507.18	\$0.00
Total		\$507.18	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: \$507.18

Respondent's Position

"The Provider contends they are entitled to reimbursement at full billed charges. The Provider alleges they are entitled to reimbursement for CPT code E0217-RR at \$84.53 per day of rental for each of the 7 days of the rental timeframe. CPT code E0217-RR, however, is for a monthly rental period. The Maximum Allowable Reimbursement of \$84.53 is calculated on a monthly basis. The Carrier has reviewed the MAR calculation and contends the Provider has been properly reimbursed."

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 §134.203 sets out the fee guidelines for durable medical equipment.

Denial Reasons

The insurance carrier reduced the payment of the disputed services based on the following claim adjustment codes.

- 309 – The charge for this procedure exceeds the fee schedule allowance
- 863 – Reimbursement is based on the applicable reimbursement fee schedule

Issues

1. What rule is applicable to disputed service?

Findings

1. The requestor is seeking additional reimbursement for the rental of durable medical equipment Code E0217.

DWC Rule 134.203 (d) (1) states in pertinent part, the MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule.

The DMEPOS fee schedule allowable is found at www.palmettogba.com for the disputed date of service is \$67.62. This amount multiplied by 125% is \$84.52. The insurance carrier paid \$84.53. No additional 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 requester 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

_____	_____	September 12, 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.