



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-23-0177-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 21, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2022	E0125-NU	\$108.34	\$0.00
July 22, 2022	99080-73	\$0.00	\$0.00
Total		\$108.34	\$0.00

Requestor's Position

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

Amount in Dispute: \$108.34

Respondent's Position

Our supplemental response for the above referenced medical fee dispute is as follows: the bills in question were escalated and a review completed. Our bill audit company has determined no further payment is due.

Response submitted by: Gallagher Bassett

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 billing requirements for professional medical claims.

Denial Reasons

The insurance carrier reduced or denied the disputed charges based on the following:

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Did the requestor submit a valid HCPCS code?

Findings

1. The requestor is seeking reimbursement of a medical supply provided in July of 2022. The insurance carrier states in their position statement, "HCPCS E0125 was billed by the provider for a heating pad supply. This is not a valid HCPCS code."

DWC rule 134.203 (1) states in pertinent part, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers.

Review of the durable medical equipment coding verification system (DMECS) at www.dmepdac.com/palmetto, found the insurance carrier's denial is correct. Code E0125 is not a valid code. 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 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

Signature

Medical Fee Dispute Resolution Officer

October 24, 2022

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.