TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Accident Fund General insurance Co

MFDR Tracking Number
M4-23-0428-01

Carrier's Austin Representative
Box Number 06

DWC Date Received
October 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 25, 2022	E0730 – RR	$192.23	$0.00
	Total	$192.23	$0.00

Requestor's Position

"This is an incorrect denial for this date of service. First submission was sent to the carrier on 3.1.2022, never received any documentation as in payment or denial for this service. First reconsideration was submitted to the carrier on 7.26.2022, denial was received from the carrier. Denial reasons for timely filing. Please see attached patient ledger showing claim was submitted within 95 days of the date of service."

Amount in Dispute: $192.23

Respondent's Position

"In response to receiving the DWC 60, the disputed bill was re-directed to Accident Fund's audit team. Based on their investigation, it was determined that payment of $19.23 was issued for 1 unit which indicate a one-day rental (E0730-RR unis 1)."

Response submitted by: Stone Loughlin Swanson

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 or denied the disputed service(s) with the following claim adjustment codes.

- XD – (P12) This bill was submitted after the billing timeliness guidelines provided
- DNYE – This bill is a duplicate
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the respondent support payment was made on the disputed claim?

2. What rule is applicable to reimbursement?

3. Is the requestor entitled to additional payment?

Findings

1. The requestor is seeking payment for the rental of durable medical equipment in February 2022 in the amount of $192.23. The insurance carrier submitted evidence that a payment of $19.23 was issued on March 27, 2022, via check 102340358. The applicable fee schedule is discussed below.

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

   The Medicare payment category for the disputed service (TENS) unit states, Transcutaneous Electrical Nerve Stimulator (TENS). CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 20, §30.1.2, *TENS devices constitute an exception to the IRP*

category. Up to two months rental is allowed prior to the purchase of a TENS in order to permit an attending physician time to determine whether the purchase of a TENS is medically appropriate for a particular beneficiary. The purchase price is determined under the same rules as any other frequently purchased item, except that there is no reduction in the allowed amount for purchase due to the two months rental.

Additionally, CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 20, §30.5 *For the first three rental months, the rental fee schedule is calculated so as to limit the monthly rental of 10 percent of the average of allowed purchase price.*

Based on the above to determine the monthly rental the purchase price found in the DMEPOS fee schedule is divided by 10 percent.

The fee schedule amount for the date of service $153.82. This amount divided by 10 equals $15.38. To reach the maximum allowable reimbursement (MAR) the DMEPOS allowable is multiplied by 125% or $15.38 x 125% = $19.23.

3. The allowable for the disputed service is $19.23. The insurance carrier provided evidence of a payment made in the amount of $19.23. No additional payment is due.

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	November 9, 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 electronico CompConnection@tdi.texas.gov.