

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED
HEALTHCARE

Respondent Name
MITSUI SUMITOMO INSURANCE USA

MFDR Tracking Number
M4-23-0816-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
December 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2022	99213	\$45.50	0.00

Requestor's Position

"The above dates of service were denied payment due to 'workers compensation jurisdictional fee adjustment.' This is incorrect. Other bills have been paid ... For 08/04/2022 dates of service FULL payment for the CPT code 99213, according to the 2022 fee schedule is \$167.22 ."

Amount in Dispute: \$45.50

Respondent's Position

"(Payment for \$45.50 DOS 08/04/2022 was issued on 01/04/23)."

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.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers Compensation Jurisdictional Fee Schedule Adjustment
- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting
- 193 – Original payment decision is being maintained as this bill was reviewed in accordance with state guidelines, usual and customary policies, providers contract or
- 5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests, submit a copy of this EOR or clear notati

Issues

1. Is PEAK INTEGRATED HEALTHCARE entitled to additional reimbursement?

Findings

1. Peak Integrated Healthcare is seeking additional reimbursement for code 99213 date of service August 4, 2022. Review of the documentation provided by the insurance carrier indicates a payment made in the amount of \$45.50.

The Division finds that no additional reimbursement can be recommended as payment from the insurance carrier was made to the provider in the amount of \$45.50.

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 of \$0.00 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

April 6, 2023

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.