



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

INDEMNITY INSURANCE COMPANY

MFDR Tracking Number

M4-23-0839-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

December 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 28, 2021 through December 15, 2021	99213, 99080-73, 97110-GP, 97112-GP, and 97750-GP	\$3,710.22	\$0.00
Total		\$3,710.22	\$0.00

Requestor's Position

"The above dates of service were denied payment due to "EXTENT OF INJURY."... There is no reason for these dates of service not to be paid in full. I have also attached the findings of the CCH on 6/16/2021 that lists [injury] as the compensable injury. I also have recently received payments for past dates of service, see attached payment for 1/14/2020 d.o.s."

Amount in Dispute: \$3,710.22

Respondent's Position

"The request for medical dispute resolution is not timely... It does not appear Peak Integrated Healthcare's request for medical fee dispute resolution was made until December 12, 2022. Accordingly, the dates of service at issue is outside of the one-year deadline and the Division lacks jurisdiction to consider this dispute. In addition, for date of service 10-28-21/12-15-21 attached is a copy of the CCH Decision and Order and peer review report that supports our position that the bill was properly denied as unrelated to the compensable injury."

Response Submitted by: ESIS

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 Texas Administrative Code (TAC) §133.305 sets out the general Medical Dispute Resolution guidelines.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 2 – Charge unrelated to the compensable injury.
- 219 – Based on extent of injury.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for dates of service October 28, 2021 through December 7, 2021?
2. Is date of service, December 15, 2021 eligible for review.?

Findings

1. The requestor seeks reimbursement for medical services rendered on October 28, 2021 through December 7, 2021.

28 TAC §133.307 (c) (1) states in pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

28 TAC §133.307 (c) (1) (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The dates of the service in dispute are October 28, 2021 through December 7, 2021. The request for medical fee dispute resolution was received by the Division on December 9, 2021. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for dates of service October 28, 2021 through December 7, 2021.

2. The DWC will now consider if the remaining date of service, December 15, 2021 is eligible for review.

The service in dispute was denied by the workers' compensation carrier due to an unresolved extent of injury issue. The extent of injury denial was timely presented to the requestor in the manner required by 28 TAC §133.240.

Documentation provided included a Contested Case Hearing (CCH) Decision, that identified the accepted injury and the conditions that were excluded.

Whether the health care provider treated the conditions accepted under that CCH Decision, or whether the health care provider treated conditions that were excluded under that CCH Decision is not a question that can be addressed through the MFD resolution process. Specifically, 28 TAC §133.305 (b) states that an extent-of-injury dispute shall be resolved prior to the submission of a MFD.

Because the service in dispute contains unresolved extent of injury issue, this matter is not ripe for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is not eligible for review.

You may seek to resolve the extent issue presented here by following the dispute process outlined in Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1. For your convenience, a copy of the DWC Form-045, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)* is attached.

The DWC concludes that an unresolved extent of injury issue exists for the service(s) in dispute. MFD is not the proper venue for resolution of an extent-of-injury dispute.

The requestor is hereby notified that the correct venue for resolution of an extent-of-injury dispute is found at Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1.

To initiate resolution of an extent-of-injury dispute, the requestor should complete and file a DWC Form-045, *Request to Schedule, Reschedule, or Cancel a BRC*.

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.

The DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 6, 2023

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.