



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-23-0863-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2022	Functional Capacity Evaluation 97750-FC	\$502.08	\$0.00

Requestor's Position

This patient has only had ONLY 2 other FCE that has been performed.

Amount in Dispute: \$502.08

Respondent's Position

So far the provider has been paid for 3/3 prior billed 97750 FC billings.

Response Submitted by: Gallagher Bassett Services

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.225 sets out the fee guidelines for division-specific functional capacity evaluations.

Denial Reasons

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

- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 296 – Service exceeds maximum reimbursement guidelines.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Peak Integrated Healthcare entitled to reimbursement for the services in question?

Findings

1. Peak Integrated Healthcare is seeking reimbursement for a division-specific functional capacity evaluation (FCE) performed on August 23, 2022. Zurich American Insurance Co. denied reimbursement based on reimbursement guidelines.

Per 28 TAC §134.225, “A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs ordered by the division shall not count toward the three FCEs allowed for each compensable injury.”

Gallagher Bassett Services submitted documentation on behalf of Zurich American Insurance Co. that indicates the insurance carrier paid bills for FCEs for the same injury claim performed by Peak Integrated Healthcare on dates of service January 6, 2022; March 24, 2022; and June 9, 2022.

Because the maximum number of FCEs for this injury claim was reached prior to the date of service in question and no evidence was presented to support that these dates of service or the date of service in question were ordered by DWC., no reimbursement can be 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

January 9, 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.