



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Rehab Therapy Resources

Respondent Name

Arch Indemnity Insurance Co

MFDR Tracking Number

M4-23-1347-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 21, 2022	90837	\$300.00	\$0.00
Total		\$300.00	\$0.00

Requestor's Position

"The attached bill for \$300.00 is being submitted for a medical dispute fee resolution request since our office cannot receive payment from the insurance carrier on our own. Two line items were originally sent, and the first line was paid with no issues, however, the second line item was denied due to "service not documented". The bill was resubmitted with the office notes from Dr. Whiting's session. The bill was then denied again for "service not furnished directly to patient and/or not documented."

Amount in Dispute: \$300.00

Respondent's Position

The Austin carrier representative for Arch Indemnity Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 14, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.204](#) sets out billing guidelines for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- B12 – Services not documented in patient's medical records
- P12 – Workers' Compensation jurisdictional fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

Issues

1. What rule is applicable to medical documentation?

Findings

1. The requestor is seeking payment of professional medical services rendered in June of 2022. The insurance carrier denied Code 90837 – Psychotherapy, 60 minutes with patient as not documented in the medical record.

DWC Rule 28 TAC §134.203 (b)(1) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing and other payment policies in effect on the date a service is provided.

Review of the submitted documentation found the handwritten session did not contain the date of the session or the starting and ending time. The typed note signed by the physician was dated but also did not indicate the starting and ending time.

Based on this review, the Division finds the insurance carrier's denial is supported. No additional 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

		May 12, 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 electronico CompConnection@tdi.texas.gov.