



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marcus Hayes, D.C.

Respondent Name

Insurance Co. of the State of PA

MFDR Tracking Number

M4-23-1384-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 26, 2022	Functional Capacity Evaluation 97750-FC, 8 units	\$503.36	\$0.00

Requestor's Position

This claim has been submitted on three (3) separate occasions. The first denial provides absolutely no reason for the denial. The second submission/first request for reconsideration was denied due to "lack of information" and a W-9 was requested. The third submission/second request for reconsideration was denied as a duplicate service.

I have provided all information for processing this claim yet the carrier has denied payment for invalid reasons ...

Amount in Dispute: \$503.36

Respondent's Position

The Austin carrier representative for Insurance Co. of the State of PA is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 22, 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 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.225](#) sets out the fee guidelines for functional capacity evaluations.

Denial Reasons

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

- 18 – Exact duplicate claim/service.
- TX224 – Duplicate charge

Issues

1. Is Insurance Co. of the State of PA's denial reason supported?
2. Is Marcus Hayes, D.C. entitled to additional reimbursement?

Findings

1. Dr. Hayes is seeking reimbursement for a functional capacity evaluation performed on October 26, 2022. Per explanation of benefits dated February 3, 2023, the insurance carrier denied payment as a duplicate. No evidence was provided to support that the examination in question was a duplicate examination or that the billing was a duplicate of a previously paid or denied claim. Therefore, this denial reason is not supported.

Documents labeled as explanations of benefits dated December 10, 2022, and January 12, 2023, were included in the submission for medical fee dispute resolution. 28 TAC §133.240 (f) states, in relevant part:

The paper form of an explanation of benefits under subsection (e) of this section, ... shall include the following elements: ...

- (17) health care service information for each billed health care service, to include:
- (A) date of service;
 - (B) the CPT, HCPCS, NDC, or other applicable product or service code;
 - (C) CPT, HCPCS, NDC, or other applicable product or service code description;
 - (D) amount charged;
 - (E) unit(s) of service;
 - (F) amount paid;
 - (G) adjustment reason code that conforms to the standards described in §133.500 and §133.501 of this title if total amount paid does not equal total amount charged;
 - (H) explanation of the reason for reduction/denial if the adjustment reason code was included under subparagraph (G) of this paragraph and if applicable;

The documents noted above do not include the elements required under 28 TAC §133.240 (f). Therefore, they are incomplete and will not be considered.

2. Because the insurance carrier did not support a denial of payment for the examination in question, Dr. Hayes is entitled to review for reimbursement.

28 TAC §134.225 states, in relevant part, "... Documentation is required. FCEs shall include the following elements: ... (3) Functional abilities tests, which include the following: ... (C) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill ..."

DWC finds that the submitted documentation does not support that a "submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill" was performed. No reimbursement can be recommended as not all requirements of the examination were met.

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 requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 19, 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.