



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-23-1842-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 28, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2022	97750-GP	\$502.08	\$0.00
November 18, 2022	99361-W1	\$113.00	\$0.00
November 30, 2022	99213	\$167.22	\$0.00
November 30, 2022	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$797.30</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement with this request for medical fee dispute but did submit a reconsideration that states, "Due to a recent internal audit in our office we have found the attached claims remain unpaid. The original bills were sent well before the time limit of 95 days for filing as demonstrated on the 2 forms of proof attached."

**Amount in Dispute:** \$797.30

### Respondent's Position

"...There are three dates of service. The carrier is processing the provider's bill dated September 29, 2022. The carrier did not receive it prior to receiving the DWC-60. The provider has two other dates of service of November 18, 2022 and November 30, 2022. That bill has been

processed. We are attaching a copy of the carrier's EOB. Although it identifies only the November 30, 2022 date of service, CPT code 99361 in the amount of \$113 is actually for the November 18, 2022 date of service."

Response submitted by: Flahive Ogden & Latson

## **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 §134.203](#) sets out the reimbursement guidelines for professional medical services.
3. [28 TAC §134.204](#) sets out the reimbursement guidelines for team conferences.
4. [28 TAC §129.5](#) sets out the reimbursement for work status reports.

### Denial Reasons

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

- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. Are all services listed on the DWC60 still in dispute?
2. What rule is applicable to disputed services?
3. Is the requestor due additional reimbursement?

### Findings

1. Review of the submitted correspondence indicates on May 15, 2023 the requestor states, "We have not received payment yet for 11/18 and 11/30 date of service but we have received the 9/29 date." Based on this information the code 97750-GP for date of service September 29, 2022 will not be considered in this review.

For the remaining services in dispute, the respondent submitted evidence of payment in the amount of \$295.22 on December 8, 2022. The dates of service on the explanation of benefits is November 30, 2022. While the date of service for the code 99361-W1 indicates November 30, 2022, the respondent acknowledged the error and states November 18<sup>th</sup> is the correct date

of service.

The requestor wished to continue the medical fee dispute.

2. DWC Rule 28 TAC §134.203 (c)(1) & (2) states in pertinent parts, to determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of, Physical Medicine and Rehabilitation, when performed in an office setting, the established conversion factor to be applied is date of service annual conversion factors. The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment for location} = \text{MAR}$

- 99213 – 62.46/34.6062 x \$92.64 (location Garland Texas) = \$167.22
- 99080-73 - allowed amount \$15.00 per DWC Rule 28 TAC §129.5(j)
- 99361-W1 - allowed amount \$113.00 per DWC Rule §134.204 (e)(4)(A)(i)
- Total MAR \$295.22

3. The respondent submitted documentation that supports a payment of \$295.22 was made for the disputed dates of service in the amount of \$295.22 that posted on December 8, 2022. 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 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 not entitled to additional reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

June 29, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).