



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-23-1851-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 28, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
11/10/2022	99213	\$167.22	\$0.00
11/10/2022	99080-73	\$15.00	\$0.00
11/30/2022	99213	\$167.22	\$0.00
11/30/2022	99080-73	\$15.00	\$0.00
Total		\$364.44	\$0.00

Requestor's Position

"The 12/22/2022 date of service was paid after this reconsideration but the others were not."

Amount in Dispute: \$364.44

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co., is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on April 4, 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.

Response Submitted by: N/A

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 reports.

Denial Reasons

Neither party submitted explanation of benefits (EOB) documents.

Issues

1. Did the requestor submit sufficient documentation to support that original and reconsideration bills were submitted to the insurance carrier prior to the filing of the medical fee dispute resolution (MFDR) request?
2. Is the requestor entitled to reimbursement for disputed services?

Findings

1. The requestor, Peak Integrated Healthcare, is requesting a medical fee dispute resolution for disputed dates of service November 10, 2022, and November 30, 2022.

28 (TAC) §133.307, which sets out the procedures for resolving medical fee disputes, states in pertinent part, "(c)(2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include... (K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;"

Review of submitted documentation finds that the requestor did not submit EOBs for dates of service in dispute. Submitted documentation does not include a statement that the requestor has not received the EOBs nor evidence that the requestor has requested EOBs from the insurance carrier.

Review of submitted documents finds patient ledgers that are in part illegible; specifically, the column headings of the ledgers are not legible. Therefore, the DWC cannot confirm submission of bills for the disputed dates of service based on the patient ledgers, as submitted.

In accordance with 28 (TAC) §133.307 the DWC finds that the requestor did not submit sufficient documentation to support that original and reconsideration bills were submitted to the insurance carrier prior to the filing of the MFDR request.

2. The requestor is seeking reimbursement in the total amount of \$364.44 for disputed dates of service November 10 and 30, 2022. As discussed above, the requestor has not supported that medical bills and reconsiderations were submitted to the insurance carrier prior to filing the request for MFDR.

For this reason, the DWC finds that the requestor is not entitled to reimbursement for the disputed services.

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 requestor has not established that 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

_____	_____	<u>July 14, 2023</u>
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 electrónico CompConnection@tdi.texas.gov.