

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-23-1998-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
11/21/2022	99213	\$167.22	\$0.00
11/21/2022	99080-73	\$15.00	\$0.00
Total		\$182.22	\$0.00

Requestor's Position

"Due to a recent internal audit in our office, we have found that the attached claims remain unpaid... This date of service should be paid, as date of service, attached, of 2/13/2023 has been paid in full."

Amount in Dispute: \$182.22

Respondent's Position

"The provider filed a DWC 60 seeking Medical Fee Dispute Resolution for a date of service of November 21, 2022. The provider is seeking payment of \$182.22. However, the carrier processed the provider's bill on December 8, 2022. It's EOB dated 12-8-22, recommended payment of \$182.52. A check was processed on December 12, 2022, in the amount of \$182.22. The check number was 187-704-0581... The parties are in agreement that the provider is entitled to payment of \$182.22. However, it is the carrier's position that the carrier already issued a check in that amount to the provider."

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 Texas Administrative Code §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.

Adjustment Reasons

The insurance carrier denied or reduced the payment for the disputed services 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. Has the requestor been previously paid for the date of service in dispute?

Findings

1. The requestor is seeking reimbursement in the amount of \$182.22 for disputed services rendered November 21, 2022.

Review of submitted documentation finds that the requestor billed the insurance carrier \$182.22 for services rendered on November 21, 2022.

Review of explanation of benefits submitted, dated December 8, 2022, finds that the insurance carrier allowed reimbursement to the requestor in the amount of \$182.22.

The DWC finds that the requestor has been previously reimbursed their full charges for disputed date of service November 21, 2022, therefore no additional reimbursement is due.

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 Division finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature:

August 15, 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 electrónico CompConnection@tdi.tas.gov.