

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED
HEALTHCARE

MFDR Tracking Number

M4-23-2085-01

Respondent Name

SAFETY NATIONAL CASUALTY CORP

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 2, 2023	Code 99213 and 99080-73	\$855.31	\$0.00
January 25, 2023	Code 97545-WH and 97546-WH		
February 3, 2023	Code 97545-WH and 97546-WH		
February 9, 2023	Code 97545-WH and 97546-WH		
Total		\$855.31	\$0.00

Requestor's Position

"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 ... The above dates of service were not paid due to "extent of injury.""

Amount in Dispute: \$855.31

Respondent's Position

"Note: DOS 01/02/2023 was paid under check #9930 mailed 01/23/23 and cleared 1/30/2023. See Exhibit A attached.

For other dates of service (DOS) in question, 01/25/2023 thru 02/09/2023, services were denied as per the PLN11 filed by the carrier on 12/11/2020. See Exhibit B attached. The carrier is disputing treatment to [REDACTED]. The Requestor's documentation for DOS denied indicates treatment to the [REDACTED] should as well as the diagnosis of "redacted."

Response Submitted by: Corvel

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 18 – Duplicate claim/service
- R1 – Duplicate billing
- 73 – Work status report
- 219 – Based on extent of injury
- WH – Work Hardening
- 97A – Provider appeal

Issues

1. Is the requestor entitled to reimbursement for dates of service January 2, 2023?
2. Does the dispute contain unresolved compensability, extent of injury and/or liability (CEL) issues?

Findings

1. The insurance carrier denied CPT codes 99213 and 99080-73, rendered on January 2, 2023 with denial reasons 18 – “duplicate claim/service”, R1 – “Duplicate billing” and 73 – “Work status report”. Review of carrier response indicates the provider received reimbursement in the amount of \$182.22 for disputed service.

28 TAC §134.203 (h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the:

(1) MAR amount. Therefore, no reimbursement is due.

2. Documentation provided by the parties indicates that the insurance carrier denied payment due to an unresolved extent of injury issue for CPT codes 97545-WH and 97546-WH, rendered on January 25, 2023, February 3, 2023 and February 9, 2023. The carrier's explanation of benefits was timely presented to the requestor in the manner required by 28 TAC §133.240.

28 TAC §133.305(b) states that if a dispute regarding extent of injury exists for the same service for which there is a medical fee dispute, the dispute regarding extent of injury shall be

resolved prior to the submission of a medical fee dispute.

The service in dispute contains an unresolved extent of injury issue. For that reason, CPT codes 97545-WH and 97546-WH rendered on January 25, 2023, February 3, 2023 and February 9, 2023 is not eligible for adjudication of a medical fee under 28 TAC §133.307.

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 requester has established that reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

	June 2, 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.