

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Zurich American Insurance Co.

**MFDR Tracking Number**

M4-23-2151-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 2, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/19/2022	99361-W1	\$113.00	\$0.00
01/04/2023	99213	\$174.71	\$0.00
01/04/2023	99080-73	\$15.00	\$0.00
01/18/2023	99213	\$174.71	\$0.00
01/18/2023	99080-73	\$15.00	\$0.00
<b>Total</b>		\$492.42	\$0.00

## Requestor's Position

"Due to a recent internal audit in our office, we have found that the attached claims remain unpaid... We disagree that there should be no allowance change! Please process for payment..."

**Amount in Dispute:** \$492.42

## Respondent's Position

"The provider filed a DWC 60, seeking Medical Fee Dispute Resolution for dates of service of December 19, 2022, January 4, 2023 and January 18, 2023. The medical bills combine the services of December 19, 2022 with those of January 4, 2023. The total amount billed was \$302.71. The January 18, 2023 services were billed for a total of \$189.71. The total amount of \$492.42 which is the amount the provider identified on its DWC 60. However, the provider failed to acknowledge that the carrier had already paid the provider's \$407.43. That amount was based upon a full payment of the services provided on January 18, 2023 and \$217.72 for the services provided on December 19, 2022 and January 4, 2023... carrier has reprocessed the provider's bill for the dates of service of December 19, 2022 January 4, 2023... The EOB recommended an additional payment of \$85. A check was issued to the provider on May 16, 2023 in the amount of \$85. The check number is 187-734-1028. Interest is also being paid. It is the carrier's position that it has paid the entire amount requested by 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:

- P12 - WORKPERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 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 dates of service in dispute?

### Findings

1. The requestor is seeking reimbursement in the amount of \$492.42 for disputed services rendered December 19, 2022, through January 18, 2023.

Review of submitted documentation finds that the requestor billed the insurance carrier a total amount of \$492.42 for services rendered on disputed dates December 19, 2022, January 4, 2023, and January 18, 2023.

Review of explanation of benefits (EOB) submitted finds the following:

- EOB dated January 12, 2023, allowed reimbursement in the amount of \$217.72 for combined dates of service December 19, 2022, and January 4, 2023.
- EOB dated May 12, 2023, allowed additional reimbursement in the amount of \$85.00 for date of service December 19, 2022.
- EOB dated January 25, 2023, allowed reimbursement in the amount of \$189.71 for date of service January 18, 2023.

The DWC finds, per EOBs submitted, that the requestor has been previously reimbursed their full charges in the total amount of \$492.43, for disputed dates of service December 19, 2022, January 4, 2023, and January 18, 2023. Therefore, no additional reimbursement 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.

The Division finds the requestor 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 additional 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](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.tas.gov](mailto:CompConnection@tdi.tas.gov).