



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ashley Ferguson

Respondent Name

Hartford Insurance Co. of Midwest

MFDR Tracking Number

M4-23-2197-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
03/07/2022	99213	\$27.00	\$0.00
04/04/2022	99213	\$27.00	\$0.00
05/04/2022	99213	\$27.00	\$0.00
	TOTAL	\$81.00	\$0.00

Requestor's Position

"...According to the EOB, the carrier did not properly reimburse CPT code 99213 on the claim for DOS 03/07/2022 when the claim was processed, CPT code 99213 was only reimbursed \$108.00. This amount was less than the agreed upon amount for Texas Worker's Comp... the carrier still owes the provider \$27.00 for CPT code 99213.

Amount in Dispute: \$81.00

Respondent's Position

"...We reviewed the bills and documentation submitted for the above claim dates of service and find that the original bills were processed correctly in the total amount of \$369.00. It was processed and paid based on the value for services performed by a licensed non-physician practitioner. These were processed correctly as it was a nurse practitioner performing the services..."

Response Submitted by: Hartford Insurance Co.

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.

Denial Reasons

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

- 252 – THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR SERVICES PERFORMED BY A LICENSED NON-PHYSICIAN PRACTITIONER.
- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.

Issues

1. Is Ashley Ferguson entitled to reimbursement for the disputed services?

Findings

1. Ashley Ferguson is seeking additional reimbursement for CPT code 99213 on three dates of service from March 7, 2022, to May 4, 2022. The medical fee dispute request form DWC060 was received on May 5, 2023.

28 Texas Administrative Code (TAC) §133.307 (c) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request was filed later than one year after the disputed date of service. Review of the submitted documents finds the disputed services does not involve any of the exceptions listed in TAC §133.307(c)(1)(B).

The division finds that Ashley Ferguson is not entitled to additional reimbursement.

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 that \$0.00 reimbursement is due.

Order

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

Authorized Signature:

May 19, 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.