



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Arch Insurance Co

MFDR Tracking Number

M4-23-2439-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 24, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 15, 2022	99213	\$167.22	\$0.00
December 15, 2022	99080-73	\$15.00	\$0.00
Total		\$182.22	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for medical fee dispute but did submit a copy of their reconsideration that states, "We have not received payment and disagree that this date of service has been previously paid."

Amount in Dispute: \$182.22

Respondent's Position

"Pursuant to Rules of Practice and Procedure of the Division of Workers' Compensation, Gallagher Bassett Services, Inc. is submitting the following documents: Medicals, EOBs, Benefit printout and summary, MFDR, Attached document."

Response submitted by: Gallagher Bassett

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

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial, has already been recommended for this service.

Issues

1. What rule is applicable to disputed services?
2. Is the requestor due additional payment?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in December of 2022. The insurance carrier provided evidence of a payment made on January 23, 2023 in the amount of \$182.22 for dates of service December 15, 2022 via check number 0185264960. The requestor maintained their dispute.

DWC 28 TAC §134.203 (c)(1) & (2) states in pertinent parts, (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of, Physical Medicine and Rehabilitation, when performed in an office setting, the established conversion factor to be applied is date of service annual conversion factors. The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

- 99213 – 62.46/34.6062 x \$92.65 (location Dallas, Texas) = \$167.22.
- 99080 -73. Reimbursement is \$15 per DWC Rule 28 TAC §129.5(j).
- Total MAR = \$182.22

2. The total allowable DWC fee guideline is \$182.22. The respondent paid \$182.22. No additional payment 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.

DWC finds the requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 29, 2023

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.