



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-23-2514-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 9, 2023	E0730	\$167.38	\$167.38
March 9, 2023	A4595	\$73.68	\$73.68
March 9, 2023	E0731	\$162.93	\$162.93
March 9, 2023	E0215	\$94.21	\$94.21
Total		\$498.20	\$498.20

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration that states, "Please see attached corrected claim along with EOB denial."

Amount in Dispute: \$498.20

Respondent's Position

"We have reviewed the bill and documentation submitted for the above claim date of service and find that the original bill (CN 219262830) was processed correctly. It was processed and denied as not approved per adjuster's instructions. The date of service (3/9/23) is past the pay thru date of 12/15/22.

Response Submitted by: The Hartford

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC 134.600](#) sets out the requirements of prior authorization.
3. [28 TAC 134.203](#) sets out the fee guidelines for durable medical equipment.

Denial Reasons

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

- 96 – Non-covered charges.
- NABA – Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review.
- 133 – The disposition of this claim/service is pending further review.

Issues

1. Is the insurance carrier's denials supported?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking payment for durable medical equipment dispensed in March 2023. The insurance carrier denied the charges since they were not approved based upon handler review.

DWC Rule 28 TAC §134.600, (p) states in pertinent parts, non-emergency health care requiring preauthorization includes... (9) all durable medical equipment (DME) in excess of \$500 billed charges per item (either purchase or expected cumulative rental)...". The disputed services rendered by the provider were not in excess of the \$500 billed charges per item. As a result, preauthorization was not required. The DWC finds the insurance carrier's denial is not supported.

The insurance carrier denied the disputed services with denial reduction code 96. Review of the submitted documentation finds that the insurance carrier failed to address the assertion that the services are non-covered.

The services in dispute will be reviewed per applicable fee guidelines.

2. DWC Rule 28 TAC §134.203 (d) states, "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows:

(1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule."

Review of the submitted medical bill found the following codes. Per the above the fee associated with the disputed codes at www.palmettogba.dmeecs will be multiplied by 125% to establish maximum allowable reimbursement (MAR).

- E0730-NU – Tens four lead
 - \$167.38 (non-rural) x 125% = \$209.22
- A4959 – Tens Suppl 2 Lead per month
 - \$18.42 (non-rural) x (4 units) x 125% = \$92.10
- E0731 – Conductive Garment for TENS
 - \$162.93 (non-rural) x 125% = \$203.66
- E0215-NU – Electric heat pad, moist
 - \$94.21 (non-rural) x 125% = \$117.76

3. The maximum allowable reimbursement per the applicable fee guideline is \$622.74. The requestor is seeking \$498.20. This amount 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 requestor has established that reimbursement of \$498.20 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$498.20 reimbursement for the disputed services. It is ordered that Hartford Casualty Insurance Co must remit to Peak Integrated Healthcare \$498.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 9, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.