



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Batten-Lange, Anna M

**Respondent Name**

Berkley National Insurance Co

**MFDR Tracking Number**

M4-24-2049-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 22, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 28, 2022	97035	\$35.00	\$0.00
August 1, 2022	97035	\$35.00	\$0.00
August 1, 2022	97535	\$105.00	\$0.00
August 4, 2022	97035	\$35.00	\$0.00
August 4, 2022	97110	\$95.00	\$0.00
August 9, 2022	97035	\$95.00	\$0.00
August 11, 2022	97012	\$45.00	\$0.00
August 18, 2022	97110	\$95.00	\$0.00
August 22, 2022	97110	\$95.00	\$0.00
August 22, 2022	97035	\$35.00	\$0.00
August 25, 2022	97012	\$100.00	\$0.00
August 25, 2022	97012	\$45.00	\$0.00
August 30, 2022	97112	\$100.00	\$0.00
September 6, 2022	97110	\$95.00	\$0.00
September 8, 2022	97035	\$35.00	\$0.00
September 27, 2022	97110	\$95.00	\$0.00
September 27, 2022	97012	\$45.00	\$0.00
September 29, 2022	97110	\$95.00	\$0.00
September 29, 2022	97012	\$45.00	\$0.00
March 13, 2023	98941	\$120.00	\$0.00
May 16, 2023	98941	\$120.00	\$0.00

October 13, 2023	98941	\$120.00	\$0.00
October 31, 2023	98941	\$120.00	\$0.00
November 3, 2023	98941	\$120.00	\$0.00
November 7, 2023	98941	\$120.00	\$0.00
December 5, 2023	98941	\$120.00	\$0.00
January 8, 2024	98941	\$120.00	\$0.00
January 23, 2024	98941	\$120.00	\$0.00
February 5, 2024	98941	\$120.00	\$0.00
February 16, 2024	98941	\$120.00	\$0.00
February 16, 2024	98941	\$120.00	\$0.00
February 22, 2024	98941	\$120.00	\$0.00
March 15, 2024	98941	\$120.00	\$0.00
March 15, 2024	99211	\$60.00	\$0.00
April 2, 2024	98941	\$120.00	\$0.00
<b>Total</b>		<b>\$3150.00</b>	<b>\$0.00</b>

### Requestor's Position

No position statement submitted.

**Amount in Dispute:** \$3,150.00

### Respondent's Position

“The current dispute involves dates of service from 7/28/22 to 4/2/24 totaling \$3,150.00. Carrier maintains that it has paid or will pay all reasonable, necessary and related charges submitted for these dates of service. The charges in 2023 and 2024 with the exception of 12/05/23 were not received by the carrier.”

**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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

#### Denial Reasons

The requestor submitted explanation of benefits with the following claim adjustment codes:

- 328 – Reimbursement made using out-of-state GPCIs.

- 837 – HPSA bonus/Incentive pays at 110% of fee schedule allowance.
- ANSIP12 – P12 – Workers compensation jurisdictional fee schedule adjustment.
- 402 – The appropriate modifier was not utilized.
- 362 – Modifier -GP Services delivered under an outpatient physical therapy plan of care.
- CIQ377 – Additional recommendation is based upon additional supporting documentation received.
- RE555 – Previous recommended history on DCN(s).
- ANSI – 4- The procedure code is inconsistent with the modifier used or a required modifier is missing.
- W3 – W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- CI1378 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- ANSI18 – 18 – Exact duplicate claim/service.
- ANSI193 – 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Did the requestor meet the documentation requirements of requesting MFDR?
2. Did the requestor waive the right to medical fee dispute resolution?

### Findings

1. The requestor is seeking payment for outpatient physical therapy services rendered from July 2022 to April of 2024. DWC Rule 28 TAC §133.307 (2)(J) – (K) states in pertinent parts, "Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include:
  - (J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance

carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills);

(K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;"

Review of the submitted documentation for dates of service October 13, 2023 through April 2, 2024, did not find the required medical bills or explanation of benefits. These disputed dates of service cannot be considered by MFDR.

2. DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The remaining dates of the service in dispute are July 28, 2022 through May 16, 2023. The request for medical dispute resolution was received at the Division on May 22, 2024.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR for dates of service July 28, 2022 through May 16, 2023.

### 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 reimbursement is due.

## Order

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

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
September 25, 2024

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.texas.gov](mailto:CompConnection@tdi.texas.gov).