

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Utica Mutual Insurance Co.

MFDR Tracking Number

M4-24-2737-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 15, 2024	99213	\$185.89	\$0.00
May 15, 2024	99080-73	\$15.00	\$0.00
Total		\$200.89	\$0.00

Requestor's Position

"Due to a recent internal audit in our office, we have found that the attached claims remain unpaid."

Amount in Dispute: \$200.89

Respondent's Position

The Austin carrier representative for Utica Mutual Insurance Co. is Burns, Anderson, Jury & Brenner, LP. The representative was notified of this medical fee dispute on August 20, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. Therefore, we will base this decision on the information available at the time of review, as authorized under §133.307(d)(1).

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:

- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 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. Have the services in dispute been previously allowed reimbursement?

Findings

1. The requestor is seeking reimbursement in the amount of \$200.89 for disputed services rendered on May 15, 2024.

A review of the submitted documentation finds that the requestor billed the insurance carrier a total amount of \$200.89 for services rendered on May 15, 2024.

The only explanation of benefits (EOB) submitted is dated July 31, 2024, issued in response to a request for reconsideration. A review of the EOB finds that the services in dispute were previously allowed reimbursement in the total amount of \$200.89.

DWC finds, per the EOB submitted, that the requestor has been previously allowed reimbursement for charges in full for disputed date of service May 15, 2024. 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.

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

Order

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

Authorized Signature:

October 17, 2024

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.