



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Amco Insurance Company

MFDR Tracking Number

M4-24-2822-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

August 21, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
10/3/2023	97545-WH	\$102.40	\$102.40
10/3/2023	97546-WH	\$102.40	\$102.40
10/5/2023	97546-WH	\$76.80	\$76.80
10/13/2023	97546-WH	\$38.40	\$38.40
10/19/2023	97546-WH	\$38.40	\$38.40
10/26/2023	97546-WH	\$76.80	\$76.80
12/7/2023	97546-WH	\$76.80	\$76.80
12/12/2023	97546-WH	\$76.80	\$76.80
12/14/2023	97546-WH	\$76.80	\$76.80
12/19/2023	97546-WH	\$76.80	\$76.80
1/11/2024	97546-WH	\$89.60	\$89.60
1/12/2024	97545-WH	\$102.40	\$102.40
1/12/2024	97546-WH	\$102.40	\$102.40

1/22/2024	97545-WH	\$102.40	\$102.40
1/22/2024	97546-WH	\$102.40	\$102.40
1/23/2024	97546-WH	\$89.60	\$89.60
Total		\$1,331.20	\$1331.20

Requestor's Position

"After reconsideration with a DWC- 24 agreement on file, some bills were paid, however multiple payments were not paid, stating time limit for filing was expired or services not authorized. This is incorrect, and these bills as others that were reconsidered should be paid in full. These bills were denied due to extent of injury, this is INCORRECT. This patient has settled his case with a DWC-24 benefit dispute agreement on 03/11/2024."

Amount in Dispute: \$1,331.20

Respondent's Position

"This firm has been asked by AMCO to respond to the medical dispute referenced above. After review of the dispute AMCO's position is that the bills at issue were correctly audited."

Response Submitted by: Stone, Loughlin & Swanson, LLP

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 §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 219 – Based on extent of injury
- P12 – Workers' 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.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- B12 – Services not documented in patient’s medical records.
- 95 – Plan procedures not followed.
- 243 – Services not authorized by network/primary care providers.
- 45 – Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount and must not duplicate provider adjustment amount payment and contractual.

Issues

1. Does the dispute contain unresolved compensability, extent of injury and/or liability (CEL) issues?
2. Did the insurance carrier support the denial reason 243?
3. Is the requestor entitled to additional reimbursement for dates of service October 5, 2023, through January 11, 2024, and January 23, 2024?
4. Is the requestor entitled to reimbursement for dates for service October 3, 2023, through January 22, 2024?
5. Is the requestor entitled to reimbursement?

Findings

1. The following CPT codes 97545-WH and 97546-WH rendered on October 3, 2023, and October 13, 2023, were denied by the insurance carrier with denial reason codes, 219 (description listed above).

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

A review of the documentation submitted by the parties finds that the carrier did not provided documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. A review of the explanation of benefits for dates of service January 12, 2024, and January 22, 2024, finds that the insurance carrier denied the disputed charges with denial reduction code 243 and 45 (descriptions provided above). A review of the documentation provided by both parties finds insufficient evidence to support the denial reason. As a result, the disputed services are reviewed pursuant to the applicable rules and guidelines.
3. The requestor seeks additional reimbursement for work hardening services provided on October 5, 2023, through January 11, 2024, and January 23, 2024. The insurance carrier issued a partial payment and denied the remaining charge with denial reason codes P12, 45, W3 and B15 (descriptions listed above). A review of the documentation provided with the medical fee dispute resolution request finds that the insurance carrier issued a partial payment and denied the remaining charge. The fee guideline for work hardening/work conditioning services is found at 28 TAC §134.230.

The following table identifies the disputed services.

DOS	CPT	No. of Units	Amount Billed	Amount Paid	Maximum Allowable Reimbursement (MAR)	Amount Due
10/5/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
10/13/2023	97546-WH	1	\$51.20	\$12.80	\$51.20	\$38.40
10/19/2023	97546-WH	1	\$51.20	\$12.80	\$51.20	\$38.40
10/26/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
12/7/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
12/12/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
12/14/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
12/19/2023	97546-WH	2	\$102.40	\$25.60	\$102.40	\$76.80
1/11/2024	97546-WH	2	\$102.40	\$12.80	\$102.40	\$89.60
1/23/2024	97546-WH	2	\$102.40	\$12.80	\$102.40	\$89.60
Total		18	\$921.60	\$204.80	\$921.60	\$716.80

The division finds that pursuant to 28 TAC §134.230 (1)(B) the requestor billed for a non-CARF accredited program as a result the requestor is entitled to 80 percent of the MAR. Additional reimbursement in the amount of \$716.80 is due.

4. The requestor seeks reimbursement for CPT codes 97545-WH and 97546-WH rendered on October 3, 2023, through January 22, 2024. The insurance carrier denied the disputed charges with denial reason code P12 (description listed above) and issued a zero payment. The division finds that the denial reason P12 is not supported therefore the requestor is entitled to reimbursement for these charges pursuant to 28 TAC §134.230 (1)(B).

The following table identifies the disputed services.

DOS	CPT	No. of Units	Amount Billed	Amount Paid	Maximum Allowable Reimbursement (MAR)	Amount Due
10/3/2023	97545-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
10/3/2023	97546-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
1/12/2024	97545-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
1/12/2024	97546-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
1/22/2024	97545-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
1/22/2024	97546-WH	2	\$102.40	\$0.00	\$102.40	\$102.40
Total		12	\$614.40	\$0.00	\$614.40	\$614.40

The division finds that pursuant to 28 TAC §134.230 (1)(B) the requestor billed for a non-CARF accredited program as a result the requestor is entitled to 80 percent of the MAR. Additional reimbursement in the amount of \$614.40 is due.

- The DWC reviewed the submitted billing and finds the requestor billed for a non-CARF accredited work hardening program. The DWC finds that the requestor is entitled to additional reimbursement in the amount of \$1,331.20 for the disputed services.

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 DWC finds the requestor 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 reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor \$1,331.20 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

September 4, 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. 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, 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.