



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

International Paper Co

MFDR Tracking Number

M4-25-0431-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 9, 2024	99213	\$185.89	\$185.89
Total		185.89	\$185.89

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy a reconsideration request with the dates October 1, 2024 and October 22, 2024 that states, "This bill was denied payment stating exact duplicate claim service. It is NOT A DUPLICATE and we have received no reason for payment or denial."

Supplemental response submitted January 22, 2025

"Please continue dispute we have not been paid."

Amount in Dispute: \$185.89

Respondent's Position

"The medical bill in dispute is currently being audited for payment, and payment will be issued pursuant to the fee guideline."

Response submitted by: Downs Stanford

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.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

1. Did the insurance carrier support adjudication of the disputed date of service?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks payment of professional medical service rendered in September of 2024, The insurance carrier denied the medical bill as a duplicate. The respondent indicated in their response to MFDR, "The medical bill in dispute is currently being audited for payment, and payment will be issued pursuant to the fee guidelines." Insufficient evidence in the information provided to the Division to support this claim was adjudicated. The medical bill will be reviewed per applicable DWC rules and fee guideline.
2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."
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. In this instance, $67.81/33.2875 \times \$91.25 = \185.89 .

3. The total allowable DWC fee guideline reimbursement is \$185.89. 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 requester has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that International Paper Co must remit to Peak Integrated Healthcare \$185.89 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

February 7, 2025

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.

