

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-1889-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 16, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2024	97110-GP	\$360.66	\$0.00
March 21, 2024	97112-GP	\$138.04	\$0.00
April 4, 2025[sic] (2024)	97750-GP	\$557.52	\$0.00
April 12, 2024	97110-GP	\$360.66	Dismissed
April 12, 2024	97112-GP	\$17.07	Dismissed
April 15, 2025[sic] (2024)	97110-GP	\$360.66	Dismissed
April 15, 2025[sic] (2024)	97112-GP	\$138.04	Dismissed
April 17, 2025[sic] (2024)	97110-GP	\$360.66	Dismissed
April 17, 2025[sic] (2024)	97112-GP	\$17.07	Dismissed
April 18, 2025[sic] (2024)	97110-GP	\$360.66	\$0.00
April 18, 2025[sic] (2024)	97112-GP	\$138.04	\$0.00
April 22, 2025[sic] (2024)	97110-GP	\$360.66	\$0.00
April 22, 2025[sic] (2024)	97112-GP	\$138.04	\$0.00
April 24, 2024	97110-GP	\$360.00	Dismissed

April 24, 2024	97112-GP	\$17.07	Dismissed
April 26, 2024	97110-GP	\$360.66	Dismissed
April 26, 2024	97112-GP	\$17.07	Dismissed
April 29, 2024	97110-GP	\$360.66	Dismissed
April 29, 2024	97112-GP	\$138.04	Dismissed
May 1, 2024	97110-GP	\$360.66	Dismissed
May 1, 2024	97112-GP	\$17.07	Dismissed
May 3, 2024	97110-GP	\$360.66	\$0.00
May 3, 2024	97112-GP	\$138.04	\$0.00
May 6, 2024	97110-GP	\$360.66	Dismissed
May 6, 2024	97112-GP	\$17.07	Dismissed
May 8, 2024	97110-GP	\$360.66	\$0.00
May 8, 2024	97112-GP	\$138.04	\$0.00
May 10, 2024	97110-GP	\$360.66	\$0.00
May 10, 2024	97112-GP	\$138.04	\$0.00
Total		\$6,813.50	\$0.00

Requestor's Position

Excerpt from Request for Reconsideration dated April 16, 2025: "AFTER RECONSIDERATION ON SEVERAL OF THESE BILLS WE WERE DENIED PAYMENT FOR TREATMENT AND PAID ON OTHERS., MANY STATING TIME LIMIT FOR FILING HAS EXPIRED. WE WERE TREATING FOR SAME INJURED AND ... TREATED BODY PART THAT WAS RECENTLY DEEMED TO PUT THE PATIENT AT A ... IMPAIRMENT RATING... WE BELIEVE THESE BILLS THAT ARE SUBMITTED, INCLUDING THERAPY AND NECESSARY OFFICE VISITS, SHOULD BE PAID IN FULL, AS SOME HAVE..."

Amount in Dispute: \$6,813.50

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 22, 2025. Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §133.240](#) sets out the procedures for medical bill processing by insurance carriers.

Adjustment Reasons

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

- 119 & 90409 - BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- 00663 - REIMBURSEMENT HAS BEEN CALCULATED BASED ON THE STATE GUIDELINES.
- N130 - Consult plan benefit documents/guidelines for information about restrictions for this service.
- N45 - Payment based on authorized amount.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- P13 - PAYMENT REDUCED OR DENIED BASED ON WORKERS' COMPENSATION JURISDICTIONAL REGULATIONS OR PAYMENT POLICIES.
- W3 & 350 – 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.
- 5383 – Submitted documentation indicates a PPE was performed not a FCE. Please reference Medical Fee Guidelines, Rule 134.202.e.4.
- 251-1 – THE ATTACHMENT/OTHER DOCUMENTATION THAT WAS RECEIVED WAS INCOMPLETE OR DEFICIENT. THE NECESSARY INFORMATION IS STILL NEEDED TO PROCESS THE CLAIM.
- 163-1 – CLAIM/SERVICE ADJUSTED BECAUSE THE ATTACHMENT REFERENCED ON THE CLAIM WAS NOT RECEIVED.
- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 109-1 & 90147 – CLAIM NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM TO THE CORRECT PAYER CONTRACTOR.
- 93- No claim level adjustments.

- B13 – PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
- ZK10 – Resolution manager denial.

*For dates of service April 12, 2024, April 15, 2024, April 17, 2024, April 24, 2024, April 26, 2024, April 29, 2024, May 1, 2024, May 6, 2024:

- 219 & 5029 – PAYMENT DENIED BASED ON EXTENT OF INJURY.

Issues

1. Has the requester waived its right to medical fee dispute resolution (MFDR) for dates of service rendered on March 21, 2024, and April 4, 2024?
2. Is the dispute for services rendered on April 12, 2024, April 15, 2024, April 17, 2024, April 24, 2024, April 26, 2024, April 29, 2024, May 1, 2024, and May 6, 2024, subject to dismissal based on extent of injury?
3. Is the requester entitled to reimbursement for services rendered on April 18, 2024, April 22, 2024, May 3, 2024, May 8, 2024, and May 10, 2024?

Findings

1. The requester is seeking reimbursement for services rendered on March 21, 2024, and on April 4, 2024. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on April 16, 2025.

28 TAC §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "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 disputed dates of service are March 21, 2024, and April 4, 2024. On April 16, 2025, DWC received the DWC060 MFDR request form. The disputed service does not meet any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed dates of service and the request for medical fee dispute resolution was submitted.

According to DWC, the requester has forfeited its right to MFDR for these dates of service and is not eligible for Medical Fee Dispute Resolution review.

2. A review of the submitted explanation of benefits (EOB) documents finds that the insurance carrier denied services rendered on April 12, 2024, April 15, 2024, April 17, 2024, April 24, 2024, April 26, 2024, April 29, 2024, May 1, 2024, and May 6, 2024, based on an unresolved extent-of-injury issue. The extent-of-injury denial was timely presented to the requester in the manner required by 28 TAC §133.240.

The documentation submitted included a Contested Case Hearing (CCH) decision and order, that identified the accepted injuries. Whether the health care provider treated the conditions accepted under that CCH is not a question that can be addressed through the MFDR process.

28 TAC §133.305(b) states, "Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

28 TAC §133.307(f)(3)(C) states in pertinent part, "Dismissal. A dismissal is not a final decision by the division. The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of this section. The division may dismiss a request for MFDR if... the request contains an unresolved compensability, extent of injury, or liability dispute for the claim;"

The services in dispute rendered on April 12, 2024, April 15, 2024, April 17, 2024, April 24, 2024, April 26, 2024, April 29, 2024, May 1, 2024, and May 6, 2024, contain an unresolved extent-of-injury issue. For that reason, this matter is not eligible for adjudication of a medical fee dispute resolution.

The disputed dates of service rendered on April 12, 2024, April 15, 2024, April 17, 2024, April 24, 2024, April 26, 2024, April 29, 2024, May 1, 2024, and May 6, 2024, are hereby dismissed.

3. The requester is seeking reimbursement for non-payment of CPT codes 97110-GP and 97112-GP, rendered on April 18, 2024, April 22, 2024, May 3, 2024, May 8, 2024, and May 10, 2024.

Per 28 TAC §133.307, "(c) Requests. Requests for MFDR must be legible and filed in the form

and manner prescribed by the division... (2) ... 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: ... (M) a copy of all applicable medical records related to the dates of service in dispute."

A review of the medical records finds that the dates on the therapy logs submitted are not legible. Therefore, DWC cannot determine if the number of units billed for each disputed date of service were provided on the dates for which they were billed. For this reason, no additional reimbursement can be recommended for these dates of service in dispute.

DWC finds that the requestor is not entitled to reimbursement for the disputed dates of service April 18, 2024, April 22, 2024, May 3, 2024, May 8, 2024, and May 10, 2024.

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 reimbursement is due.

Order

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

Authorized Signature:

July 16, 2025

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, 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.