



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Louis F Puig MD

Respondent Name

Union Tank Car Co & Subsidiary

MFDR Tracking Number

M4-15-2627-01

Carrier's Austin Representative

Box Number 48

MFDR Date Received

April 13, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We request a resolution based on the fact that we never received an Explanation of Benefits for the above patient. When the insurance company was contacted they claimed they never received the claim, yet our electronic clearing house website shows that the bills were forwarded to them in a timely matter. We then resent the bills for reconsideration with proof of timely filing and have not heard or received anything from them."

Amount in Dispute: \$504.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett Services, Inc

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include dates from April 10, 2014 to May 20, 2014 and corresponding service codes and amounts.

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §129.5 sets out the reimbursement guidelines for work status reports.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional services.

4. No explanation of benefits was submitted by either party in this dispute.

Issues

1. Were the dates of service in dispute timely to MFDR?
2. Did the respondent support their position statement?
3. What is the applicable rule pertaining to reimbursement?
4. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.307 (c) states, Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division.

- (1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR 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.

The first date of service listed on the DWC060 is April 10, 2014. The date this request was received by Medical Fee Dispute Resolution was April 13, 2015. This date is later than one year after the date of service April 10, 2014. This date of service is not timely and will not be considered in this review.

2. The respondent states in the position statement, "we have escalated the bills in question for manual review to determine if additional monies are owed. Attached is a copy of all bills received to date, and their corresponding EOB's and payment details."

28 Texas Administrative Code §133.307 (d) states, Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.

- (1) Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.
- (2) Response. Upon receipt of the request, the respondent shall provide any missing information not provided by the requestor and known to the respondent. The respondent shall also provide the following information and records:

(A) the name, address, and contact information of the respondent;

(B) a paper copy of all initial and appeal EOBs related to the dispute, as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requestor or a statement certifying that the respondent did not receive the health care provider's disputed billing prior to the dispute request;...

Review of the submitted documentation finds nothing to support the respondent's position that the applicable EOB's were included with dispute. Therefore, the services in dispute will be reviewed per applicable rules and fee guidelines.

3. 28 Texas Administrative Code §134.203(c) states in pertinent part, To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) 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 (date of service yearly conversion factor).

The eligible services in dispute will be calculated as follows:

- Procedure code 99213, service date April 23, 2014. The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.98358. The practice expense (PE) RVU of 1 multiplied by the PE GPCI of 1.004 is 1.004. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.939 is 0.06573. The sum of 2.05331 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$114.47. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$75.83.
 - Procedure code 99080, service date April 23, 2014, §129.5. Work Status Reports (i) states in pertinent part, "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section... The amount of reimbursement shall be \$15." This amount is recommended.
 - Procedure code 99213, service date May 20, 2014. The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.98358. The practice expense (PE) RVU of 1 multiplied by the PE GPCI of 1.004 is 1.004. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.939 is 0.06573. The sum of 2.05331 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$114.47. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$91.35.
 - Procedure code 99080, service date May 20, 2014, 28 Texas Administrative Code §129.5 (i) states in pertinent part, "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section... The amount of reimbursement shall be \$15." This amount is recommended.
4. The total allowable reimbursement for the services in dispute is \$197.18. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$197.18. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$197.18.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$197.18 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September , 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.