



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

Rio Occupational Institute LLC

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-19-4781-01

Carrier's Austin Representative

Box 15

MFDR Date Received

July 5, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached documentation will show that the bill was received at ESIS on August 31, 2018. I have confirmed with ESIS Insurance customer service that the correct facsimile number is 1-855-496-5410."

Amount in Dispute: \$626.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier maintains the position the provider is not entitled to reimbursement as the bill was not timely filed."

Response submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 30, 2018	99204, 70250, 72070, 80305 -59, 99080 -73	\$626.00	\$403.30

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
- Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
- 28 Texas Administrative Code §102.4 sets out general guidelines for non-commission communications.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired

- 4271 – Per TX Labor Coe Sec. 413.016, Providers must submit bills to payors within 95 days of the date of service

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What rule is applicable to reimbursement of the professional services?
3. What rule is applicable to remaining disputed services?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking \$626.00 for professional medical services rendered on August 30, 2018. The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.”

28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

28 TAC §102.4 (h) states,

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Review of the submitted documentation found evidence that the medical bill was submitted via fax on August 31, 2018. This date is within 95 days of the date of service. The insurance carrier’s denial is not supported. The services in dispute will be reviewed per applicable fee guideline.

2. The applicable Division fee guideline pertinent to professional services is found in 28 TAC §134.203 (c) which 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 calculation formula is DWC Conversion factor/Medicare Conversion factor multiplied by Medicare payment. The calculation of the services in dispute is as follows:

Date of Service	Billed Code	Billed Amount	Medicare payment	Maximum Allowable Reimbursement (MAR) 58.31/35.9996 x Medicare payment
August 30, 2018	99204	\$355.00	\$161.32	\$261.30
August 30, 2018	70250	\$108.00	\$35.21	\$57.03
August 30, 2018	82080	\$108.00	\$32.81	\$53.14
			Total	\$371.47

3. 28 TAC §134.203 (e) is applicable to HCPCS 80305 and states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

(1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,

(2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

Review of the 2018 Clinical Diagnostic Laboratory Fee Schedule found the allowable for Code 80305 is \$13.46 with no professional component. $\$13.46 \times 125\% = \16.83 . This amount is recommended.

The last service in dispute is Code 99808 which is defined by 28 TAC 129.5 (j) that states in pertinent part,

Notwithstanding any other provision of this title, a doctor or delegated physician assistant may bill for, and an insurance carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy. The amount of reimbursement shall be \$15.

Based on the above, the amount ordered is \$15.00.

The total allowed amount is \$403.30. 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 \$403.30.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$403.30, 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

August 9, 2019

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *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. **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.