



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

HORIZON EVALUATORS INC.

Respondent Name

EMPLOYERS PREFERRED INSURANCE COMPANY

MFDR Tracking Number

M4-20-1064-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

December 27, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per Section 413.019 of the Texas Worker's Compensation Act, the Insurance Carrier is required to pay interest if the bill is not paid in a timely manner. The bill was submitted by USPS on Oct 31, 2019 and payment was received on Feb 13, 2020... The interest rate is determined by the Division per Section 401.023 and is published. The interest rate for the 4th Qtr. of 2019 is 5.36% and the interest rate for the 1st Qtr. of 2020 is 5.03%. The amount due the provider is \$42.16 which includes late payment interest thru 2/13/20... is still open until the amount outstanding is paid including add'l interest until the date payment is received."

Amount in Dispute: \$937.16

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Enclosed is a copy of the EOR showing payment issued based on the MAR in the amount of \$858.27 for the 8/26/2019 date of service."

Response Submitted by: Employers

SUMMARY OF FINDINGS

Table with 4 columns: Date(s) of Service, Disputed Service(s), Amount in Dispute, Amount Due. Row 1: August 26, 2019, 90791, 96130, 96131, 96138 and 96139, \$42.16, \$1.54

FINDINGS AND DECISION

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

Background

- 1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures to pursue a medical fee dispute resolution.
2. 28 TAC §134.130 sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. TLC §413.019 sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment.
4. TLC §401.023 sets out the procedures for computation of Interest or Discount Rate.

Issues

1. Did the insurance carrier issue payment for the disputed charges according to the fee guideline?
2. What is the date the insurance carrier received the medical bill?
3. What is the interest due per 28 TAC §134.130?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor billed the insurance carrier the amount of \$895.00 for CPT code(s) 90791, 96130, 96131, 96138 and 96139, rendered on August 26, 2019. The insurance carrier issued a payment in the amount of \$858.27 for the disputed services. To determine if the requestor is entitled to additional reimbursement the MAR is calculated below.

Procedure code 90791 rendered on August 26, 2019, has a MAR of \$233.26. The insurance carrier issued a payment in the amount of \$233.26, therefore, no additional reimbursement is due.

Procedure code 96130 rendered August 26, 2019, has a MAR of \$197.82. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The requestor seeks reimbursement in the amount of \$125.00, the insurance carrier issued a payment in the amount of \$125.00, therefore, no additional reimbursement is due.

Procedure code 96131 rendered on August 26, 2019, has a MAR of \$150.53 at 2 units is \$301.06. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The requestor seeks reimbursement in the amount of \$200.00, the insurance carrier issued a payment in the amount of \$200.00, therefore, no additional reimbursement is due.

Procedure code 96138 rendered on August 26, 2019, has a MAR of \$64.53. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The requestor seeks reimbursement in the amount of \$50.00, the insurance carrier issued a payment in the amount of \$50.00, therefore, no additional reimbursement is due.

Procedure code 96139 rendered on August 26, 2019, has a MAR of \$64.53 at 5 units is \$322.65. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The requestor seeks reimbursement in the amount of \$250.00, the insurance carrier issued a payment in the amount of \$250.00, therefore, no additional reimbursement is due.

2. The Requestor submitted a supplemental response requesting an additional payment for interest due in the amount of \$42.16. Review of the submitted documentation supports that the insurance carrier issued payments totaling \$858.27. The requestor's correspondence to the Division confirmed receipt of payment for the disputed services, however, seeks payment for the interest not reimbursed by the insurance carrier.

The requestor alleges that interest is due for the service in dispute. Pursuant to 28 TAC §134.130(a) "Insurance carriers shall pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill, in accordance with §133.240 of this title (relating to Medical Payment and Denials). Review of the submitted documentation (EOBs) establishes that 11/5/19 is the receipt date of the medical bill. The Division, therefore, concludes that the date the carrier originally received the complete medical bill is 11/5/19. The Division finds that the requestor is entitled to reimbursement for the interest as determined pursuant to 28 TAC §134.130(c) & (d).

3. 28 TAC §134.130(c) states, "The rate of interest to be paid shall be the rate calculated in accordance with TLC §401.023 and in effect on the date the payment was made."

28 TAC §134.130 "(d) Interest shall be calculated as follows: (1) multiply the rate of interest by the amount on which interest is due (to determine the annual amount of interest); (2) divide the annual amount of interest by 365 (to determine the daily interest amount); then (3) multiply the daily interest amount by the number of days of interest to which the recipient is entitled under subsection (a) or (b) of this section.

28 TAC §134.130 "(e) The percentage of interest for each quarter may be obtained by accessing the Texas Department of Insurance's website, www.tdi.state.tx.us." The Division finds that the percentage rate for this quarter is 5.03%.

INTEREST ON DELAYED MEDICAL PAYMENTS OR REFUNDS						
Bill or Request Received Date	Paid Date	Days of Interest Owed	Medical Benefit Amount	Interest Rate	Interest Due	Total Due
11/5/19	01/16/20	13	\$858.27	5.03%	\$1.54	\$859.81

4. The respondent reimbursed the requestor the amount of \$858.27 for disputed services. In accordance with 28 TAC §134.130, the amount due for interest is \$1.54. Therefore, an amount of \$1.54 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement for the interest is due. As a result, the amount ordered is \$1.54.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the disputed interest amount. The Division hereby ORDERS the respondent to remit to the requestor the interest amount of \$1.54 per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		February 21, 2020
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 in accordance with 28 TAC §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 TAC §141.1(d).

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