



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

TOM G. MAYER, MD

**Respondent Name**

INDEMNITY INSURANCE CO OF NORTH AMERICAN

**MFDR Tracking Number**

M4-22-0073-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

September 14, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2020 through November 19, 2020	99213-95 x 2, 99213-25, 96372, J1885 and 99214	\$609.20	\$0.00
<b>Total</b>		\$609.20	\$0.00

### Requestor's Position

"PROOF OF TIMELY FILING Per TDI proof of timely filing can consist of a facsimile confirmation electronic submission, or certified mail receipt to show a timely submittal to a Carrier. It is our position that the charges are reasonable and well within the usual and customary charge for this type of procedure. Therefore, we request immediate reconsideration of the reduction of charges."

**Amount in Dispute:** \$609.20

### Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 9/14/2021, as evidenced by the date stamp on the DWC-60. Therefore... Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service for the dates of service 5/5/2020 and 8/4/2020. For the dates of service 10/27/2020 and 11/19/2020, the services were reimbursed pursuant to the fee guidelines. See the attached EOBs. Therefore, no additional allowance should be ordered for these dates of service."

**Response Submitted by:** Downs Stanford, P.C.

## 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 fee guidelines for professional medical services.

### Denial Reasons

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

- 790 – THIS CHARGE WAS REIMBURSED IN ACCORDANCE WITH THE TEXAS MEDICAL FEE GUIDELINE.
- 95 – PLAN PROCEDURES NOT FOLLOWED.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- U00 – THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

### Issues

1. Did the requestor waive the right to medical fee dispute resolution for dates of service May 5, 2020 and August 4, 2020?
2. Did the insurance carrier issue payment for the disputed services rendered on October 27, 2020 and November 19, 2020?

### Findings

1. The requestor seeks reimbursement for medical services rendered on May 5, 2020 and August 4, 2020. 28 TAC §133.307(c) (1) states in pertinent part, "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 dates of the services in dispute are May 4, 2020 and August 4, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on September 14, 2021. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

2. The requestor seeks reimbursement for CPT Codes 99213-25 96372 and J1885 rendered on October 27, 2020 and CPT Code 99214, rendered on November 19, 2020.

Per 28 TAC §134.203 "(c) 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 \$52.83... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year."

Per 28 TAC §134.203 "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title."

The requestor seeks a total reimbursement in the amount of \$376.96 for dates of service October 27, 2020 and November 29, 2020. Review of the submitted documentation in the form of EOBs submitted by the insurance carrier supports that a payment totaling \$339.68 was issued to the requestor for these dates of service. The total MAR for the services in dispute is \$339.68, as a result, the requestor is not entitled to additional reimbursement for the disputed CPT codes.

As a result, the DWC finds that the requestor is not entitled to additional reimbursement for CPT codes 99213-25, 96372 and J1885 rendered on October 27, 2020 and CPT Code 99214, rendered on November 19, 2020.

### 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 established that reimbursement of \$0.00 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### Authorized Signature

_____	_____	November 2, 2021
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).