



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristin Coleman, MD

Respondent Name

Travelers Property Casualty Insurance Co. of Illinois

MFDR Tracking Number

M4-22-0238-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

October 5, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 2, 2021	CPT Code 72146	\$410.34	\$0.00
Total		\$410.34	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Email December 10, 2021: "The carrier has only partially paid the billed amount. Can we continue the MDR for the remaining amount."

Amount in Dispute: \$410.34

Respondent's Position

October 20, 2021: "The Carrier has reviewed the documentation submitted and determined reimbursement is appropriate. Reimbursement is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation."

EOB dated October 18, 2021 states "PAID AMT \$388.71," CHECK NUMBER 896d 95748146

Email dated December 13, 2021: "EOB is attached. They seem to be seeking full billed charge rather than fee schedule."

Response Submitted by: Travelers/William E. Weldon

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the reimbursement guidelines for professional services.

Denial Reasons

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

- 29-The time limit for filing has expired.
- 4271-Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 18-Exact duplicate claim/service.
- 247-A payment or denial has already been recommended for this service.
- W3-Bill is a reconsideration or appeal.
- 2008-Additional payment made on appeal/reconsideration.
- 8776-After review of submitted documentation and in conjunction with a dispute resolution re-adjudication of the bill was done. Additional reimbursement is warranted pursuant rules and regulations for the state.

Issues

1. Is Travelers Property Casualty Insurance Co. of Illinois' denial based on untimely filing supported?
2. Is Doctor Kristin Coleman entitled to additional reimbursement for CPT code 72146?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$410.34 for CPT code 72146 rendered on January 2, 2021.

The respondent initially denied reimbursement for the services based upon timely filing. Upon reconsideration the requestor did not maintain the denial and issued payment of \$388.71 with check number 896d 95748146.

2. The fee guidelines for professional services are found in 28 TAC §134.203.

28 TAC §134.203(c)(1) states "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."

28 TAC §134.203(c)(2) states "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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The DWC conversion factor for 2021 is 61.17.
- The Medicare conversion factor for 2021 is 34.8931.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 77063 which is located in Houston, Texas; therefore, the Medicare locality is "Houston Texas."
- The Medicare participating amount for CPT code 72146 at this locality is \$221.73.

Using the above formula, the MAR is \$388.71 for CPT code 72146. The respondent paid \$388.71. The difference between MAR and amount paid is \$0.00.

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 requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/07/2022

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, please 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.texas.gov.