



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristin Coleman, MD

Respondent Name

Safety National Insurance Corp

MFDR Tracking Number

M4-22-0453-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 2, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 18, 2021	CPT Code 73721	\$432.51	\$0.00
	CPT Code 73718	\$432.51	\$0.00
Total		\$865.02	\$0.00

Requestor's Position

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

Amount in Dispute: \$865.02

Respondent's Position

"The carrier has reprocessed the provider's bill and is recommending reimbursement of \$692.15."

Supplemental Response dated December 17, 2021: "We are attaching a copy of the carrier's EOR dated December 11, 2021. The recommendation is in the amount of \$692.15. We would ask that the provider withdraw her request for medical fee dispute resolution."

Response Submitted by: Flahive, Ogden & Latson

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.
- 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- 2008-Additional payment made on appeal/reconsideration.
- 948-Re-reviewed at provider's request with additional information and documentation additional payment suggested.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- W3-Bill is a reconsideration or appeal.

Issues

1. Is Safety National Insurance Corporations' denial based on untimely filing supported?
2. Is Doctor Kristin Coleman entitled to reimbursement for CPT codes 73721 and 73718?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$865.02 for CPT codes 73721 and 73718 rendered on January 18, 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 \$692.15.

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 73721 at this locality is \$234.60 and \$263.73 for code 73718. The multiple procedure discounting will be applied to code 73721.

Using the above formula, the MAR is \$205.63 for CPT code 73721 and \$462.34 for code 73718, for a total of \$667.97. The respondent paid \$692.15. As a result, additional reimbursement is not recommended.

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

03/09/2022

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.