

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Victor Van Phan

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-22-0480-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

November 4, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 23, 2020	99203. 73030, 99080	\$436.00	\$258.30
Total		\$436.00	\$258.30

Requestor's Position

A medical claim for date of service 12-23-2020 for (claimant) was sent to Broadspire via fax on 1-3-2021.

Amount in Dispute: \$436.00

Respondent's Position

In their MFDR packet they included a fax confirmation, however that fax included 8 pages of medical reports, but no bill.

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the requirements of timely claim submission.
3. 28 TAC §102.4 sets out the rules for non-commission communications.
4. 28 TAC §134.203 sets out the reimbursement guidelines of professional medical claims.
5. 28 TAC §129.5 sets out the reimbursement of work status reports.

Denial Reasons

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

- D10 – The time limit for filing has expired
- 224 – Duplicate charge
- D00 – Based on further review, no additional allowance is warranted

Issues

1. Is the insurance carrier's denial based on untimely submission of claim supported?
2. What rule is applicable to the reimbursement of the disputed services?

Findings

1. The requestor is seeking for professional medical services rendered in December 2020. The insurance carrier denied as not filed within 95 days. The requestor submitted documentation of a faxed transmission sent successfully on January 3, 2021.

DWC Rule §102.4 (h) states in pertinent part, unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on the date received, if sent by fax, personal delivery or electronic transmission.

The faxed eight pages from the requestor included the cover sheet, medical bill, five pages of Office or Other Outpatient services notes and the DWC073.

Based on the provisions of Rule §102.4 the requestor has supported the submission of the medical claim on January 3, 2021.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

The date of service in dispute is December 23, 2020. The claim was successfully faxed on January 3, 2021, which was within the 95-day filing requirement. The insurance carrier's denial is not supported. The claim will be reviewed per applicable fee guideline.

2. The requestor rendered professional medical services in December 2020. The DWC Rule applicable to reimbursement is 28 TAC §134.203 (c) which states in pertinent part to determine the maximum allowable reimbursement for professional services system participants shall apply the Medicare payment policies.

The MAR amount is calculated as DWC Conversion Factor / Medicare Conversion Factor multiplied by Physician Fee Schedule allowable.

- 77030 – $60.32/36.0896 \times 34.20 = \57.16
- 99203 – $60.32/36.0896 \times 111.37 = \186.14
- 99080 -73. Per Rule 129.5 (j) the amount of reimbursement of work status reports \$15.00. This amount is recommended.

The total allowed amount is \$258.30. This amount is 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Old Republic Insurance Co must remit to Victor Van Phan \$258.30 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 22, 2021

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.