



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

CENTER FOR PAIN RELIEF

**Respondent Name**

XL SPECIALTY INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-0986-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 25, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2021	99442	\$43.93	\$43.93
<b>Total</b>		\$43.93	\$43.93

### Requestor's Position

"We received a partial payment, but not the correct allowable, for our service to this patient. We sent a reconsideration request to the carrier on 08/19/2021 and have not received a response... The carrier owes additional payment to the provider for the services rendered."

**Amount in Dispute:** \$43.93

### Respondent's Position

The Austin carrier representative for XL Specialty Insurance Company is Flahive, Ogden & Latson. Flahive, Ogden & Latson, was notified of this medical fee dispute on February 1, 2022. 28 TAC §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

## 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 §134.203 sets out the fee guideline for professional medical services.

### Denial Reasons

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

- P12 – Workers Compensation jurisdictional fee schedule adjustment.
- 790-31 – This charge was reimbursed in accordance with the Texas Medical Fee Guideline.

### Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks an additional payment amount of \$43.93 for CPT Code 99442. The insurance carrier issued a payment in the amount of \$119.54 and reduced the remaining charge with reduction codes P12 and 790-31 (descriptions provided above).

28 TAC §134.203 states in pertinent part, "(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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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..."

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

- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in Irving, TX; therefore, the Medicare locality is "Dallas, Texas."
- The Medicare Participating amount for CPT code(s) 99442 at this locality is \$93.25.
- Using the above formula, the DWC finds the MAR is \$163.47.

- The respondent paid \$119.54.
  - Additional reimbursement of \$43.93 is recommended for date of service June 24, 2021.
2. The DWC finds that the requestor is entitled to an additional payment amount of \$43.93. Therefore, 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.

The DWC finds the requester has established that additional reimbursement of \$43.93 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 service. It is ordered that the Respondent must remit to the Requestor \$43.93 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

April 20, 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](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).