



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

SOUTH TEXAS RADIOLOGY

**Respondent Name**

AIU INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-1721-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 8, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 9, 2021	71045-26	\$15.46	\$15.46
<b>Total</b>		\$15.46	\$15.46

### Requestor's Position

"STRG POSITION: We mailed our bill to Blue Cross Blue Shield as this is the information, we received. BCBS processed our bills. We received a phone call from the patient & advised us incorrect insurance was provided. He provided Workers Comp information. Gallagher Bassett denied our bill & reconsideration request for timely filing. Please help us with final adjudication of this bill for date of service 04/09/2021. Thank you."

**Amount in Dispute:** \$15.46

### Respondent's Position

The Austin carrier representative for AIU Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on April 19, 2022. Rule §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 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §102.4 sets out the rules for non-Commission communications.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

## Denial Reasons

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

- 29 – The time limit for filing has expired.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

## Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Is the requestor entitled to reimbursement for CPT Code 71045-26?

## Findings

1. The requestor seeks reimbursement for CPT Code 71045-26 rendered on April 9, 2021. The requestor indicates that the bill was initially submitted to Blue Cross Blue Shield. The requestor further indicates that the office was notified of a workers compensation injury by the claimant on January 21, 2022 and updated their records with the workers compensation information on February 9, 2022.

Review of the CMS-1500 documents that the requestor billed Gallagher Bassett on March 11, 2022.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

The requestor submitted sufficient documentation to support that an exception described in TLC §408.0272 applies to the service in this dispute. For that reason, the requestor in this dispute submitted the medical bill timely.

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the

signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted information finds sufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. As a result, the disputed service is eligible for review.

2. The requestor seeks reimbursement for CPT Code 71045-26 rendered on April 9, 2021.

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT Code 71045 is defined as, "Radiologic examination, chest; single view."

Modifier 26 was appended to the radiology code and is defined as, "Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number."

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 zip code 78229; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT code 71045 at this locality is \$8.82.
- Using the above formula, the DWC finds the MAR is \$15.46.
- The respondent paid \$0.00.
- Reimbursement of \$15.46 is recommended.

The DWC finds that the requestor has established that reimbursement in the amount of \$15.46 is due. As a result, 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 reimbursement of \$15.46 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$15.46 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

		June 22, 2022
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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).