



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

KRISTIE A. GADDIS DC

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-22-1828-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

April 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 3, 2022	99456-W5-WP	\$650.00	\$0.00
	Interest	\$0.00	\$0.00
Total		\$650.00	\$0.00

Requestor's Position

"I performed a DDE per a PPD order. The carrier, Liberty Mutual, is a repeat offender in failing to pay DDE bills within 45 days. This is a standard course of action for this insurance company, and they need to start being held accountable for their actions."

Amount in Dispute: Interest

Requestor's Supplemental Position

"Carrier decided to pay w/out interest which they continue to Dwl."

Respondent's Position

"The bill has been reviewed and adjusted for payment - copies of EOBs are submitted for your review."

Response Submitted by: Liberty Mutual

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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 health care providers to pursue a medical fee dispute.
2. 28 TAC §134.130 sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. TLC §413.019 sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
4. TLC §401.023 sets out the procedures for computation of Interest or Discount Rate.

Denial Reasons

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

- 876 – Fee schedule amount is equal to the charge.

Issues

1. Did the insurance carrier issue payment for the disputed charges?
2. What is the date the insurance carrier received the medical bill?
3. What is the interest due per 28 TAC §134.130?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor billed the amount of \$650.00 for CPT code 99456-W5-WP, rendered on March 3, 2022. Review of the submitted documentation supports that the insurance carrier issued payments totaling \$650.00. The requestor in correspondence to the Division confirmed receipt of payment for the disputed services, however, seeks payment for the interest not reimbursed by the insurance carrier.
2. The requestor alleges that interest is due for the service in dispute. Pursuant to 28 TAC §134.130(a) "Insurance carriers shall pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill, in accordance with §133.240 of this title (relating to Medical Payment and Denials)."

Review of the submitted documentation (EOBs) establishes that March 7, 2022 is the receipt date of the medical bill. The Division, therefore, concludes that the date the carrier originally received the complete medical bill is March 7, 2022.

3. 28 TAC §134.130(c) states, "The rate of interest to be paid shall be the rate calculated in accordance with Labor Code §401.023 and in effect on the date the payment was made."

28 TAC §134.130 "(d) Interest shall be calculated as follows: (1) multiply the rate of interest by the amount on which interest is due (to determine the annual amount of interest); (2) divide the annual amount of interest by 365 (to determine the daily interest amount); then (3) multiply the daily interest amount by the number of days of interest to which the recipient is entitled under subsection (a) or (b) of this section.

28 TAC §134.130 "(e) The percentage of interest for each quarter may be obtained by accessing the Texas Department of Insurance's website, www.tdi.state.tx.us." The Division finds that the percentage rate for this quarter is 4.80%.

4. The respondent reimbursed the requestor the amount of \$650.00 for disputed services. The insurance carrier is required to pay interest on medical bills paid on or after the 60th day. In accordance with 28 TAC §134.130, the amount due for interest is \$0.00. Therefore, an amount of \$0.00 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 \$0.00 is due.

Order

Under TLC §§413.031 and 413.019, DWC has determined the requestor is not entitled to accrued interest for the disputed services.

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. 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.