

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral L Endsley

Respondent Name

Old Glory Insurance Co

MFDR Tracking Number

M4-23-0624-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

November 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 23, 2022	99213	\$160.00	\$160.00
	Total	\$160.00	\$160.00

Requestor's Position

"Original bill was faxed on 4/19/22. The fax consisted of 5 pages: 1. Cover page, 2. CMS 1500, 3. 2 page medical narrative, 4. TWC 73. I received a denial five months later stating that the medical records were not attached. I sent in a reconsideration request (with medical records attached again) on 11/3/22 stating that they were attached the first time and the proof was in the fax confirmation."

Amount in Dispute: \$160.00

Respondent's Position

The Austin carrier representative for Ace American Ins. Co is Downs Stanford PC. The representative was notified of this medical fee dispute on November 15, 2022.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.07 sets out the guidelines for medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §102.4 sets out the general rules for non-division communications.

Denial Reasons

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

- 252 – An attachment/other documentation is required to adjudicate this claim/service
- 360 – Allowance for this procedure was made at the usual and customary amount for this geographical area
- P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement
- CW4 – Denied: we are unable to process payment for the identified services. Med Recs have not been received. Please send Med Recs to Midwest

Issues

1. Are the insurance carrier's reasons for denial supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in March of 2022. The insurance carrier denied the service based on lack of medical records.

The requestor submitted a copy of a fax confirmation dated April 19, 2022 that confirms receipt of five pages via fax. The five pages indicated to be cover letter, medical bill, two pages of medical documentation and the TWC 73.

DWC Rule §102.4 (h) (1) states, Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission

The insurance carrier's denial is not supported. The disputed service will be reviewed per applicable fee guideline.

2. DWC Rule 134.203 (c)(1) states in pertinent part, Medicare payment policies with minimal modifications. For service categories of Evaluation & Management, General Medicine, Physical Medicine when performed in an office setting, the established conversion factor to be applied is annual conversion factor for year of date of service.
 - The Maximum Allowable Reimbursement is calculated by, DWC Conversion Factor divided by Medicare Conversion Factor multiplied by Medicare Physician Fee Schedule Allowable for location of service.
 - $62.46/34.6062 \times \$88.65$ (allowable for Abilene, TX) = \$160.00
3. The MAR for the disputed service is \$160.00. 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 requestor 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 respondent must remit to requestor \$160.00 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

March 10, 2023

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.