



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EMERGENCY MEDICAL ASSOCIATES

Respondent Name

LIBERTY MUTUAL CORPORATION

MFDR Tracking Number

M4-23-0659-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

November 15, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 27, 2022	99291, 99292 x 2	\$24,380.44	\$0.00
Total		\$24,380.44	\$0.00

Requestor's Position

"This letter is in response to the claim which has been denied as "Past Timely filing limit", Initially the claim was submitted on 07/22/2022 & through electronically, but claim was not received by insurance company. Hence, we resubmitted the claim again on 08/02/2022 which was received by Insurance and denied for above reason (past filing). Therefore, we are appealing the claim with proof of timely filing which shows this claim was submitted within timely manner. Please review the attached proof documents and process the claim towards payment."

Amount in Dispute: \$24,380.44

Respondent's Position

"We have received notice from the DWC that no response has been received re this medical dispute. Our records indicate that we forwarded this to you on 11-22-2022. If your response has been sent, please re-send to the DWC as soon as you can."

Response Submitted by: Parker & Associates

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 [§134.203](#) Medical Fee Guideline for Professional Services

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following reason:

- P12 – Workers Compensation state fee schedule adj.
- ZZ – Timely filing rule reviewed and suppressed.
- 97A – Provider appeal.
- 90A – Allowed per adjuster's request.

Issues

1. Did the requestor/respondent respond to the DWC's request for additional documentation (EOBS)?
2. Did the insurance carrier issue payments to the requestor for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. On April 25, 2023, the DWC contacted the requestor and respondent and asked for copies of the missing EOBs. The requestor submitted a copy of an EOB dated December 27, 2022, after the submission of the DWC-060 request. The DWC will make a determination based on the information contained in the dispute.
2. The requestor seeks reimbursement for professional services rendered in a hospital setting, on April 27, 2022. The insurance carrier issued payments after the submission of the MDR. The DWC will now consider if the insurance carrier issued payments in accordance with 28 TAC §134.203.

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... and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

3. 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 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in 76017, TX; therefore, the Medicare locality is "Fort Worth."

- The Medicare Participating amount for CPT code 99291 at this locality is \$214.76.
- Using the above formula, the DWC finds the MAR is \$387.62.
- The respondent paid \$387.62.
- The requestor is entitled to \$0.00.

- The Medicare Participating amount for CPT code 99292 at this locality is \$107.82.
- Using the above formula, the DWC finds the MAR is \$194.60 x 2, for a MAR of \$389.20.
- The respondent paid \$194.660 x 2 for a total payment of \$389.20.
- The requestor is entitled to \$0.00.

The DWC finds that the insurance carrier issued payments in accordance with 28 TAC 134.203. As a result, the requestor is therefore not entitled to additional reimbursement.

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 Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

		May 17, 2023
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 managing 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 electronico CompConnection@tdi.texas.gov.