



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH TEXAS RADIOLOGY

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-23-0804-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

December 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 28, 2021	72148 and 72020	\$406.14	\$406.14
	Total	\$406.14	\$406.14

Requestor's Position

"We billed Humana Insurance per the patient's request. Humana processed & paid our bills. Months later the patient calls to let us know she provided incorrect insurance information. She then provided Chubb Workers Comp information & asked us bill Chubb for date of service 12/28/21. We billed Chubb. Our claim & reconsideration request was denied. Please help us with final adjudication of this bill for date of service 12/28/2021."

Amount in Dispute: \$406.14

Respondent's Position

"The original bills submitted for review did include CARC code 29 (Time Limit for Filing Claim/Bill has Expired); however, the Requestor failed to acknowledge the 2nd CARC code –P6 (Based on entitlement to benefits) was included on both the original bills as well as the reconsideration. While the Requestor submitted documentation to support overriding the timely filing denial on one of the bills submitted, there is still the issue of compensability that, to date, has not been overturned via a Benefit Review Conference."

Response Submitted by: CorVel

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) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
5. 28 TAC §102.4 sets out the rules for non-Commission communications.
6. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
7. 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 & RM2 – Time limit for filing has expired.
- P6 – Based on entitlement to benefits.

Issues

1. Is the Insurance Carrier's denial of extent of injury supported?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Is the Requestor entitled to reimbursement?

Findings

1. The radiology services rendered on December 28, 2021 were denied by the workers' compensation carrier with denial reduction code "P6", description provided above.

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

Review of the documentation submitted by the parties finds that the carrier did not provide documentation to the DWC to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H). The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the services in dispute do not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The insurance carrier denied the disputed services with denial reduction codes "29 & RM2 – Time limit for filing has expired", description provided above.

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."

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

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."

The DWC finds that the requestor submitted sufficient documentation to support that the original medical bill was submitted to the private health insurer. Upon notification from Humana, the requestor contacted the claimant and obtained the workers compensation insurer. Subsequently, the requestor billed the workers compensation insurer within the 95-day timely filing requirement. It is determined that sufficient documentation was found to support that one of the exceptions described in TLC §408.0272 were met. Therefore, the DWC finds that the insurance carrier's denial reason due to untimely filing is not supported and the requestor is entitled to reimbursement for the radiology services in dispute.

3. The requestor seeks reimbursement for CPT Codes 72148 and 72020 rendered on December 28, 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."

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 78212; therefore, the Medicare locality is "Rest of Texas."

The Medicare Participating amount for CPT code 72020 at this locality is \$23.99.

- Using the above formula, the DWC finds the MAR is \$42.06.
- The respondent paid \$0.00.
- The requestor seeks \$42.05
- Reimbursement of \$42.05 is therefore recommended.

The Medicare Participating amount for CPT code 72148 at this locality is \$207.69.

- Using the above formula, the DWC finds the MAR is \$364.09.
- The respondent paid \$0.00.
- Reimbursement of \$364.09 is recommended.

4. The DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$406.14.

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 \$406.14 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 \$406.14 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 21, 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 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.