



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Sazy, John Anthony

Respondent Name

Insurance Co of the State of PA

MFDR Tracking Number

M4-24-0574-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 15, 2023	99213	\$160.00	\$160.00
February 15, 2023	99080-73	\$15.00	\$15.00
Total		\$175.00	\$175.00

Requestor's Position

"Claim was sent on time and they received it on time. We would like payment of this claim with interest."

Amount in Dispute: \$175.00

Respondent's Position

"There is no indication on that tracking information that the document was delivered to a PO Box belonging to the TPA, Gallagher Bassett. ...It is the carrier's position that the medical bill was never submitted to Gallagher Bassett within 95 days following the date of service."

Response Submitted by: Flahive, Ogden & Latson

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 §102.4](#) details the general rules for Non-Division Communication.
3. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.
4. [28 TAC §129.5](#) sets out the reimbursement guidelines for work status reports.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.

Issues

1. Is the respondent's position statement supported?
2. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement office visit and work status report for date of service February 15, 2023. The insurance carrier denied the claim as not submitted timely.

DWC Rule 28 TAC §102.4 (h) 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; or
- (2) the date postmarked if sent by mail through 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 must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted documentation found a certified mail tracking number of 70212720000334953297 that indicates delivery to PO Box 2831, Clinton, IA 52733 on April 6, 2023. This same address is found on the submitted explanation of benefits as the insurance carrier's address. Respondent's position is not supported. The service in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC §134.203 (c) states in pertinent parts, 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, when performed in an office setting, the established conversion factor to be applied is \$52.83.

(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.

The DWC conversion factor for 2023 is \$64.83. The Medicare conversion factor is \$33.8872. The Maximum Allowable Reimbursement (MAR) is calculated as DWC conversion factor / Medicare Conversion Factor multiplied by CMS Physician fee schedule amount for location or

$$62.46/34.6062 \times \$90.27 \text{ (CMS fee schedule for Fort Worth, Texas)} = \$172.70$$

DWC Rule 28 TAC §134.203 (h) states, When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the:

(1) MAR amount;

(2) health care provider's usual and customary charge,

The provider's charge of \$160.00 is the lesser amount. This amount is recommended.

The requestor is also seeking reimbursement of Code 99070-73 for a work status report. DWC Rule 28 TAC §129.5(j) states, "Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy. The amount of reimbursement shall be \$15..."

The requestor submitted a charge of \$15.00. This amount is recommended.

The DWC finds that based on the information reviewed the requestor is entitled to reimbursement of \$175.00.

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 American Home

Assurance Co must remit to Sazy, John Anthony \$175.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	December 8, 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.