



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald Eaves, D.C.

Respondent Name

Standard Fire Insurance Co.

MFDR Tracking Number

M4-23-1167-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

January 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2022	99456-W5-NM	\$350.00	\$0.00
June 16, 2022	99456-W6-RE	\$500.00	\$0.00
	Interest	Not specified	\$30.60
	Total	\$850.00	\$30.60

Requestor's Position

"When this initial claim submission was ignored, a reconsideration was requested on 09/05/2022... There has been no response received by this office for either the initial billing or the requested reconsideration as the date of this medical fee dispute resolution request."

Amount in Dispute: Interest only

Respondent's Position

"The Provider contends they have not been reimbursed for the services at issue. The Carrier issued payment to the Provider after the Provider filed the DWC-60 with the Division, but before the DWC-60 was received by the Carrier. Evidence of payment and the Explanation of Benefits are attached. The Provider has been reimbursed for the disputed services, and no additional reimbursement is due."

Response Submitted by: Travelers

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 §134.130](#) sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [TLC §413.019](#) sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
5. [TLC §401.023](#) sets out the procedures for computation of Interest or Discount Rate.

Adjustment Reasons

- 863 - REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

Issues

1. Did the insurance carrier issue a payment after the Medical Fee Dispute Resolution (MFDR) request was submitted?
2. When was the medical bill received by the insurance company?
3. According to 28 TAC §134.130, how much interest is owed?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement in the amount of \$850.00, for designated doctor examination services rendered on, June 16, 2022.

A review of the explanation of benefits (EOB) documents and payment screens provided by the insurance carrier, confirmed that on January 28, 2023, after the request for MFDR was submitted, the requestor was paid in the amount of \$850.00, under check No. 896D-0097213154, for the disputed date of service. The mailing address information for this payment matches the "Billing Provider" address in Box 33 of the medical bill. The bank status of this check is shown as "cashed".

DWC finds that after the MFDR request was submitted, the insurance carrier issued payment in full to the requestor for designated doctor services rendered on June 16, 2022. Therefore, no additional reimbursement for this disputed date of service is recommended.

2. According to email correspondence, 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).

A review of the documentation submitted establishes that June 21, 2022, is the original date the medical bill was received by the insurance carrier via fax transmission.

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."

DWC determines that June 21, 2022, is the date on which the carrier first received the complete medical bill and that payment for the disputed services was issued on January 28, 2023. According to 28 TAC §134.130(c) & (d), DWC concludes that the requestor is entitled to payment for the interest on delayed reimbursement of the disputed services rendered on June 16, 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.texas.gov." DWC finds that the percentage rate applicable to the designated doctor services payment date is 8.11%.

In accordance with calculation procedures outlined in 28 TAC §134.130, DWC finds that the amount of interest owed to the requestor is \$30.60.

4. Per email correspondence, the requestor, Donald Eaves, D.C., asserts that as of the date of this review, he has not received an interest payment from the insurance carrier.

Evidence included in the documentation submitted by the insurance carrier indicates that a check for interest payment in the amount of \$30.41 was issued on March 28, 2023, under check number SEQ99713, showing a bank status of "awaiting response." The mailing address information for this payment does not match the "Billing Provider" address in Box 33 of the medical bill. For this reason, DWC finds that the greater weight of evidence supports that the requestor has not received the interest payment owed for the disputed date of service. Therefore, an interest payment to the requestor in the amount of \$30.60 is recommended.

DWC determined after a review of the submitted documents that the requestor has already received payment in full for the designated doctor services rendered on June 16, 2022, therefore additional reimbursement is not 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 an interest payment for the delayed reimbursement of designated doctor services rendered on June 16, 2022, is due in the amount of \$30.60.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to an interest payment for the disputed services. It is ordered that the Respondent, Standard Fire Insurance Co. must remit to the Requestor, Donald Eaves, D.C., \$30.60 within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>September 19, 2024</u>
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.