



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

David Martin Griffith, D.C.

Respondent Name

Texas Cotton Ginners Trust

MFDR Tracking Number

M4-23-2540-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

June 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2022	99456	\$800.00	\$0.00
	Interest	Unspecified	\$0.00
	Total	\$800.00	\$0.00

Requestor's Position

"I do not see in the previous file of documentation where the check has cleared. That is the date that I am needed[sic] to cross reference one last place. To my knowledge this check has not been received. I have checked all EOB's and Deposit tickets that I have received and it isn't there."

Amount in Dispute: \$800.00 + interest

Respondent's Position

"Carrier issued payment for interest by a second check that was delivered on August 15, 2023. Please see enclosed, Filed via SFTP."

Response Submitted by: Paul Kelley Law, PLLC

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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 health care providers to pursue a medical fee dispute.
2. 28 TAC §134.130 sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. TLC §413.019 sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
4. TLC §401.023 sets out the procedures for computation of Interest or Discount Rate.

Denial Reasons

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

- 29 – The time limit for filing has expired.

Issues

1. Has the insurance company paid the disputed charges?
2. When was the medical bill received by the insurance company.
3. According to 28 TAC §134.130, how much interest is owed?
4. Does the requestor have the right to further reimbursement?

Findings

1. On June 7, 2022, the requestor billed the insurance carrier \$800.00 for CPT code 99456. The requestor received payment from the insurance company in the amount of \$800.00. The requestor acknowledged receiving payment for the disputed services in correspondence to the Division, but they are requesting a payment for the interest that is due by the insurance carrier.
2. 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 submitted documentation (EOBs) establishes that November 18, 2022, is the insurance carrier's receipt date of the medical bill. A review of the documentation finds that the insurance carrier paid for the disputed services on May 17, 2023. Pursuant to 28 TAC §134.130(c) & (d), the Division concludes that the requestor is entitled to reimbursement for the interest as the time between the receipt of the bill and the time of payment exceeds 60 days.

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."

A review of the medical documentation finds that the paid date is May 17, 2023.

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.state.tx.us." The service was rendered in June 2022. The Division finds that the percentage rate for this quarter is 7.99%.

4. The respondent reimbursed the requestor the amount of \$800.00 for disputed services. Pursuant to 28 TAC §134.130, the amount due for interest is \$21.19. The insurance carrier issued a payment in the amount of \$24.35 under check #87639 for the interest. Therefore, an amount of \$0.00 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.

The DWC finds the requester has established that reimbursement is not due.

Order

Under TLC §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

_____	_____	March 13, 2024
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 and 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. **A copy of the Medical Fee Dispute Resolution Findings and Decision is required**, along with the additional information listed in 28 TAC §141.1(d).

You can find the form at [TDI Forms](#). 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, call CompConnection at 1-800-252-7031, option 3, or email CompConnection@tdi.texas.gov