



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Mark Richard Bronson, D.C, D.I.A.N.M.

Respondent Name

Liberty Insurance Corporation

MFDR Tracking Number

M4-24-1251-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

February 6, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2023	99456-W5-WP	\$300.00	\$0.00
	Interest	\$13.32	\$8.67
	Total	\$313.32	\$8.67

Requestor's Position

"The DDE was performed and billed according to DWC guidelines."

Amount in Dispute: \$313.32

Supplemental Position Summary

"Liberty Mutual sent a check for \$300.00 which was the amount they denied initially for the DDE. They also sent a check for .34 and another check for 4.31 for interest."

Respondent's Position

"We base our payments on the Texas Fee Guidelines and the Texas Department of Insurance Division of Workers' Compensation Acts and Rules. This is not a network claim as DDE. The bill has been reviewed and adjusted for payment – copies of EOBs are submitted for your review."

Response Submitted by: Liberty Mutual Insurance

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. 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.

Denial Reasons

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

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 876 – Fee schedule is equal to the charge.

Issues

1. Did the insurance company issue a payment after the submission of the MFDR request?
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 July 26, 2023, the requestor billed the insurance insurer \$650.00 for CPT code 99456-W5-WP. The requestor received payment from the insurance company in the amount of \$650.00. The requestor acknowledged receiving payment for the disputed services in correspondence to the DWC and received an interest payment of \$0.34 and \$4.31. The requestor seeks reimbursement for the additional amount of interest due.
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 July 26, 2023, is the date the medical bill was submitted.

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 determines that July 26, 2023, is the date on which the carrier first received the complete medical bill. According to 28 TAC §134.130(c) & (d), the Division concludes that the requestor is entitled to reimbursement for the interest.

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.state.tx.us.” The Division finds that the percentage rate for this quarter is 8.45%.

4. The respondent reimbursed the requestor the amount of \$300.00 for disputed services. In accordance with 28 TAC §134.130, the amount due for interest is \$10.49. The insurance carrier made two interest payments, one for \$0.34 and a second payment for \$4.31. The insurance carrier owed interest on a partial payment issued on October 26, 2023, in the amount of \$350.00, the total interest due for this partial payment of \$350 is \$2.83.

Based on the information indicated above, the interest due for the two payments issued to the requestor is \$10.49 + \$2.83 for a total interest due of \$13.32. The requestor is due \$13.32 minus the two previous interest payments of \$0.34 and \$4.31 which results in a recommended payment amount of \$8.67.

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 requestor has established that reimbursement of \$8.67 is due.

Order

Under TLC §§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 \$8.67 within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 20, 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. 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, 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.