TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Patients Choice Family Medicine

Respondent Name
Alaska National Insurance Co

MFDR Tracking Number
M4-24-1320-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
February 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2023	99213	$240.00	$174.72
March 2, 2023	99080	$73.00	$0.00
	Total	$313.00	$174.72

Requestor's Position

"I have received an EOB denial for date of service 03/02/2023 that states "29 – **THE TIME LIMIT FOR FILING HAS EXPIRED**." Our office feels this denial is incorrect since our office submitted this claim via fax within the time limit, this claim was originally faxed on 03/23/2023 to Alaska National Insurance. On 10/27/23 After a phone call the Lyn at Alaska National Insurance checking for payment status, I was informed by her to send my claim directly to Corvel. The claim was re-billed and refaxed at that time with a copy of the fax confirmation as proof of timely filing. Received a timely filing denial."

Amount in Dispute: $313.00

Respondent's Position

"The Austin carrier representative for Alaska National Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 21, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within

14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available."

Response Submitted by: N/A

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).

Statues and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out requirements of medical bill submission.
3. 28 TAC §102.4 details the general rules for Non-Division Communication.
4. 28 TAC §133.210 sets out requirements of medical documentation.
5. 28 TAC §134.203 sets out the billing and fee guidelines of professional services.
6. 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.
- RM2 – The time limit for filing claim has expired.

Issues

1. Did the requestor support timely submission of medical claim?
2. What rule applies to reimbursement of professional service?
3. What rule applies to work status report?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in March of 2023. The insurance carrier denied the medical bills as claim not timely submitted.

   The requestor submitted documentation with this request for MFDR that included a fax confirmation dated March 23, 2023 that showed a successful transmission of ten pages to 281-486-5666. From information known to the Division, this fax number is shown for the Adjuster for Alaska National Insurance.

   DWC 28 TAC §133.210 (e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other."

   Based on the above, the successful fax transmission of the medical bill was known to the insurance carrier.

   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.

   DWC Rule 28 TAC §133.20 (b) states in pertinent part,

   (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

   Review of the submitted documentation found the requestor supported timely submission of the medical bill. The services in dispute will be reviewed per applicable fee guidelines.

2. The requestor is seeking reimbursement of code 99213 – Established patient office or other outpatient visit, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

   DWC Rule 28 Texas Administrative Code §134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare." 28 Texas Administrative Code 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.

   DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "…To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification…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 $53.68…"

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

64.82/33.8872 x $91.33 (CMS fee guideline Dallas, TX) = $174.72

Applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount. The MAR is the lesser amount. The total reimbursement is $174.72.

3. The requestor is also seeking reimbursement of code 99080 – Work Status Report. DWC Rule 28 TAC §129 (e) and (g) states, The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

    1) after the initial examination of the injured employee, regardless of the injured employee's work status;
    2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and
    3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks, and which shall be based upon the doctor's, delegated physician assistants, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

    (g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:

    1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
    2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

    Review of the submitted documentation found insufficient evidence to support the injured worker experienced a change in work status or activity restrictions, functional job description modified duty, or that the injured worker can return to work with or without restrictions. No payment 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.

DWC finds the requester 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 Alaska National Insurance Co must remit to Patients Choice Family Medicine $174.72 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		April 25. 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, 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 electronico CompConnection@tdi.texas.gov.