



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Robert Zuniga, D.C.

Respondent Name

Sompo America Insurance Co.

MFDR Tracking Number

M4-24-1792-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 16, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2023	99213	\$170.00	\$168.03
	Total	\$170.00	\$168.03

Requestor's Position

"...noted on the Explanation of Review the bill was received by Gallagher Bassett on 10/25/2023..."

Amount in Dispute: \$170.00

Respondent's Position

"The provider failed to submit his medical bill to the carrier within 95 days of the date of his service as required by Section 408.127 of the Texas Labor Code."

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 §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

The insurance carrier denied the payment for the disputed service with the following claim adjustment codes:

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 4271 - PER TX LABOR CODE SEC. 408.027, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

Issues

1. Has the requestor waived their right to medical fee dispute resolution (MFDR)?
2. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on the disputed date of service?

Findings

1. A review of the submitted explanation of benefits (EOB) dated October 25, 2023, finds that the insurance carrier denied the disputed service for untimely filing of the medical bill.

28 TAC §133.20, which sets out requirements of timely medical bill submission, 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."

A review of the submitted documentation finds that the EOB dated October 25, 2023, indicates the insurance carrier first received the medical bill for processing on October 25, 2023, less than 95 days from the disputed date of service of October 10, 2023.

DWC finds that the requestor submitted the medical bill for the service in dispute in a timely manner in accordance with 28 TAC §133.20. Therefore, DWC finds that the requestor is eligible for a medical fee dispute resolution review.
2. The requestor is seeking reimbursement in the amount of \$170.00 for disputed CPT code

99213 rendered on October 10, 2023. Because the insurance carrier's reason for denial based on untimely filing of the medical bill was not supported, DWC finds that the requestor is eligible for a medical fee dispute resolution review.

CPT Code 99213 is defined as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of the disputed service, CPT code 99213. 28 TAC §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 payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 TAC §134.203(c) continues, stating in pertinent part, "To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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."

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

- The disputed date of service is October 10, 2023.
- The disputed service was rendered in zip code 78504, locality 99, "Rest of Texas."
- The Medicare participating amount for CPT code 99213 in 2023 at this locality is \$87.83.
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872.
- Using the above formula, DWC finds the MAR is \$168.03 for CPT code 99213 on the disputed date of service.
- The respondent paid \$0.00.
- Reimbursement in the amount of \$168.03 is recommended for the service in dispute, rendered on October 10, 2023.

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 reimbursement in the amount of \$168.03 is due.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Sompco America Insurance Co., must remit to Robert Zuniga, D.C., \$168.03 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	May 22, 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 electronico CompConnection@tdi.texas.gov.