



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Anna Batten-Lange, D.C.

Respondent Name

Berkley National Insurance Co.

MFDR Tracking Number

M4-24-2048-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 28, 2022, through April 4, 2023	Chiropractic Health Care Services	Included in total below	\$0.00
June 27, 2023	98941	\$120.00 Included in total below	\$0.00
July 17, 2023, through May 14, 2024	Chiropractic Health Care Services	Included in total below	\$0.00
Total		\$6,440.00	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$6,440.00

Respondent's Position

"The current dispute involves multiple charges with dates of service running from 7/28/22 to 5/7/24 and totaling \$6,440.00. Carrier has already paid all the bills from 7/28/22 through 11/15/22. The carrier did not receive the bill for the 12/6/22 date of service. Carrier paid all the bills from 12/13/22 through 6/27/23. Carrier has not received any bills after 6/27/23. Carrier maintains that it has paid or will pay all reasonable, necessary and related charges timely submitted..."

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 Medical Fee Dispute Resolution requests.
2. [28 \(TAC\) §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

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

- 328 – Reimbursement made using out-of-state GPCIs.
- 837 – HPSA bonus/Incentive pays at 110% of fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Were the services in dispute rendered out of state?
2. Has the requestor waived its right to medical fee dispute resolution for any of the dates of service in dispute?
3. Does the submitted documentation support that the requestor sent medical bills to the insurance carrier for the disputed services rendered July 17, 2023, through May 14, 2023?
4. Is the requestor entitled to additional reimbursement for any dates of service in dispute?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of Florida to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider has requested medical fee dispute resolution under 28 TAC §133.307. Because the requestor has sought the administrative remedy outlined in 28 TAC §133.307, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. The requestor, Anna Batten Lange, D.C. is seeking additional reimbursement for chiropractic health care services rendered on dates of service July 28, 2022, through May 14, 2024. The medical fee dispute request form DWC060 was received on May 22, 2024.

28 Texas Administrative Code (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request for MFDR was filed later than one year after disputed dates of service rendered July 28, 2022, through April 4, 2023. A review of the submitted documents finds the disputed services do not involve any of the exceptions listed in 28 TAC §133.307(c)(1)(B).

DWC finds that the requestor has waived its right to medical fee dispute resolution for the disputed dates of service July 28, 2022, through April 4, 2023. Therefore, the division finds that Anna Batten Lange, D.C. is not entitled to additional reimbursement for the services in dispute rendered on July 28, 2022, through April 4, 2023.

3. 28 TAC §133.307(c)(2) sets out the documentation that is required to be submitted by the requestor with its request for MFDR. 28 TAC §133.307(c)(2) states in pertinent part, "(J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)."

A review of the submitted documentation finds no evidence of medical bills sent to or received by the insurance carrier for dates of service rendered from July 17, 2023, through May 14, 2024.

In accordance with 28 TAC §133.307, DWC finds no evidence that medical bills were submitted to the insurance carrier for disputed dates of service July 17, 2023, through May 14, 2024. Therefore, DWC finds that the requestor is not entitled to reimbursement for the disputed services rendered from July 17, 2023, through May 14, 2024.

4. A review of the documents submitted finds that the requestor billed in the amount of \$120.00 for CPT code 98941 rendered on June 27, 2023. The corresponding explanation of benefits (EOB) submitted finds that the insurance carrier allowed a reduced payment in the amount of \$82.50.

CPT code 98941 is described as "Chiropractic manipulative treatment (CMT); spinal, 3-4 regions."

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of disputed service CPT code 98941.

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) states 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 June 27, 2023.
- The disputed service was rendered in zip code 32327; Locality 09102 99, Florida.
- The Medicare participating amount for CPT code 98941 in 2023 in this locality is \$39.13.
- 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 \$74.86.

- The respondent paid \$82.50.
- No additional reimbursement 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 requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement in the amount of \$0.00.

Authorized Signature:

_____	_____	September 10, 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.tas.gov.