



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Stephanie Janiak, D.C.

**Respondent Name**

Travelers Casualty & Surety Co.

**MFDR Tracking Number**

M4-24-2505-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

July 13, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 30, 2024	99456-W5-WP	\$650.00	\$0.00
	Interest	\$17.86	\$0.00
	<b>Total</b>	\$667.86	\$0.00

### Requestor's Supplemental Position

Via email correspondence dated September 5, 2024: "We did receive payment, no interest was included."

**Amount in Dispute:** \$667.86

### Respondent's Position

"The carrier has reviewed the documentation and determined the Provider is entitled to reimbursement. Reimbursement for these services is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation."

### Respondent's Supplemental Position

Via email correspondence dated October 21, 2024: "Interest check has been issued and cashed. Payment detail is attached."

**Response Submitted by:** Travelers

## 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 §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.

### Adjustment Reasons

Neither party submitted an explanation of benefits with reasons for the adjustment of payment for the disputed services.

### Issues

1. Did the insurance company issue a payment after the submission of the medical fee dispute resolution (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. The requestor billed the insurance carrier \$650.00 for CPT code 99456-W5-WP rendered on January 30, 2024. In correspondence to DWC, the requestor acknowledged receiving payment for the disputed service, however, the requestor asserts that it has not received interest due on the delayed payment for medical services. The requestor seeks reimbursement for the amount of interest due.

DWC finds that the insurance carrier issued payment for the disputed CPT code 99456-W5-WP, rendered on January 30, 2024, after the requestor's submission of the request for MFDR.

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 establishes that February 8, 2024, 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."

DWC determines that February 8, 2024, 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](http://www.tdi.state.tx.us)." DWC finds that the percentage rate for the applicable quarter is 8.57%.

4. DWC finds that the respondent reimbursed the requestor the amount of \$650.00 for the disputed services on August 2, 2024. The number of days for interest owed is 117 days. In accordance with 28 TAC §134.130, the amount due for interest is \$17.86.

A review of the submitted documentation finds that the insurance carrier issued an interest payment on September 27, 2024, via check number 891A-0094142104 in the amount of \$17.86. The submitted documentation indicates that the check was mailed to the following address: Tex-Cal Medical Services, 10408 Halter Dr., Fort Worth, TX 76126 and that the bank status of the check is "cashed".

According to the evidence submitted, DWC finds that the interest payment due in the amount of \$17.86 has been paid as of September 27, 2024. No additional 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 requestor has not established that additional reimbursement is due.

## Order

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

### Authorized Signature

_____	_____	February 13, 2025
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).