



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marvin Van Hal, MD

Respondent Name

Textron Inc

MFDR Tracking Number

M4-25-0202-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 23, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 15, 2024	99213	\$150.00	\$150.00

Requestor's Position

"This letter is regarding a claim for dos 04/15/2024, this claim was first billed on 04/24/2024, but we did not receive payment. I resubmitted the claim on 07/15/2024 but it was denied again for time limit. I resubmitted the claim again, on 08/19/2024, with a copy of the report and a copy of the explanation of benefits. But it was denied again, I have no choice but to send it to the Texas Department of Insurance."

Amount in Dispute: \$150.00

Respondent's Position

"The carrier maintains the denial because there is no record that the bill was timely filed."

Response Submitted by: Broadspire

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 the medical bill submission procedures for health care providers.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
5. [TLC §408.0272](#) provides for certain exceptions to the untimely submission of a medical bill.
6. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- D10 – The time limit for filing has expired.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.

Issues

1. What is the timely filing deadline for submission of a medical bill?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement in the amount of \$150.00, for an office visit billed under CPT code 99213 rendered on April 15, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

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."

A review of the submitted documentation finds sufficient evidence to support that the medical bill was submitted within the 95th day timely filing in accordance with 28 TAC §133.20(b). Because the medical bill was submitted timely, the disputed service is reviewed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement for CPT code 99213 rendered on April 15, 2024. 28 TAC 134.203 applies to the reimbursement of the disputed service.

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."

The CPT code description for 99213 is, "A medical evaluation and management (E/M) service provided by physicians. This code is used to document and bill for a level three office visit, which involves a face-to-face encounter with the patient for the evaluation and treatment of a new or existing problem."

A review of the medical documentation finds that the requestor supported the level of service billed.

28 TAC §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..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The service date is April 15, 2024
- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875

- A review of the medical bills finds that the disputed services were rendered in zip code 76053; the Medicare locality is "Fort Worth."
- The Medicare Participating amount for CPT code 99213 at this locality is \$90.24.
- Using the above formula, the DWC finds the MAR is \$183.83.
- The requestor seeks \$150.00.
- The respondent paid \$0.00.
- Reimbursement of \$150.00 is recommended.

28 TAC 134.203 (h) states, "When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the *least* of the: (1) MAR amount; (2) health care provider's usual and customary charge..." The DWC concludes that the requestor is therefore entitled to receive the requested amount of \$150.00.

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 is due.

Order

Under Texas Labor Code §§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 \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		November 6, 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 along with a **copy** of the **Medical Fee Dispute 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.