



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristie Gaddis, D.C.

Respondent Name

Texas Association of Counties Risk Mgmt.

MFDR Tracking Number

M4-25-0607-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

November 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2024	99456-W5	\$834.00	\$0.00
	Interest	\$7.84	\$7.84
	Total	\$841.84	\$7.84

Requestor's Supplemental Position

Via email correspondence dated January 22, 2024: "The carrier issued payment (please see attachment) 105 DAYS after receiving the HICF and Narrative Report. They did not pay the interest owed."

Amount in Dispute: \$841.84

Respondent's Position

"A manual check in the amount of \$834.00 was issued to Dr. Gaddis on October 24, 2024. Check number 2379576. Unfortunately, there is no EOB because when the initial payment was made, it was returned. Payment was then voided, which also voided the EOB. Additionally, when a manual check is issued no EOB is generated. Attached is a screen shot of the payment."

Response Submitted by: BURNS ANDERSON JURY & BRENNER, L.L.P.

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

- No reason codes were provided with payment.

Issues

1. Has the insurance company issued payment for the disputed fee amount as of the date of this review?
2. When was the medical bill received by the insurance company?
3. According to 28 TAC §134.130, how is the interest on delayed medical payments to be calculated?
4. Is the requestor entitled to further reimbursement?

Findings

1. The requestor billed the insurance carrier \$834.00 for CPT code 99456-W5 rendered on August 8, 2024. A review of the explanation of benefits (EOB) submitted finds that on December 2, 2024, the insurance carrier issued payment in the amount of \$834.00.

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 now seeks reimbursement for the amount of interest due.

DWC finds that the designated doctor service fee in dispute has received payment for charges in full as of the date of this review.

2. The requestor alleges that interest is due for the services 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 in accordance with 28 TAC §102.4(h), August 19, 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."

The DWC determines that August 19, 2024, is the date on which the carrier first received the complete medical bill. According to 28 TAC §134.130(c) & (d), DWC 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."

DWC finds that the percentage rate for the payment made on December 2, 2024, in the amount of \$834.00, is 7.46%.

4. DWC finds that the respondent reimbursed the requestor a total reimbursement amount of \$834.00 for the disputed services.

For the payment made on December 2, 2024, the number of days for interest owed is 46 days at a percentage rate of 7.46%. In accordance with 28 TAC §134.130, the amount due for interest at the time of this payment is \$7.84.

DWC finds that the requestor is entitled to additional reimbursement of an interest payment in the amount of \$7.84.

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 additional reimbursement of \$7.84 is due.

Order

Under TLC §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for interest due on the disputed services. It is ordered that Texas Association of Counties Risk Mgmt. must remit to Kristie Gaddis, D.C. \$7.84 within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 20, 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. 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.texas.gov.