



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral L Endsley, DO

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-25-1017-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

January 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 4, 2024	99214	\$253.00	\$253.00

Requestor's Position

"Gallagher Bassett is continuing to deny this medical bill for timely filing. The bill for date of service 6/5/24 was mailed on 7/17/24. In the same envelope, the medical bill for 4/25/24 was also mailed. Gallagher Bassett received the envelop/bills on 7/24/24 according to their own billing portal (Coventry). They scanned in both CMS 1500 forms together. They processed the 4/25 bill but ignored the 6/4/24 bill."

Amount in Dispute: \$253.00

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determined if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

Response Submitted by: Gallagher Bassett

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 §134.203](#) sets out the reimbursement guidelines for professional medical services.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – Detail of code not included in documentation.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 90096 – Detail of code not included in documentation.
- 18 – Exact duplicate claim/service
- TX224 – Duplicate charge.
- 4271 – Detail of code not included in documentation.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the requestor support receipt of the medical bill by the insurance carrier?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to payment?

Findings

1. The requestor is seeking reimbursement of code 99214 rendered on June 4, 2024. In their position statement, "Gallagher Bassett received the envelope/bills on 7/24/24 according to their own billing portal (Coventry). In support of their statement the documentation included the medical bill with the following reference, "GB IA Recv 2024072408703 Received 07/24/2024." The respondent did not supplement their position statement with documentation to refute receipt of the claim or to further explain their denial.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted documentation found the evidence submitted supports the medical bill for date of service June 4, 2024, was received by the insurance carrier on July 24, 2024. The medical bill will be reviewed pursuant to the applicable fee guidelines.

2. The requestor rendered a professional medical visit on June 4, 2024. The submitted medical bill was for code 99214 – “Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.”

DWC Rule 134.203(c)(1)(2) states in pertinent parts, “...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... 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...”

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$. In this instance, $67.81/33.2875 \times \$124.57 = \253.76 .

3. The MAR for the disputed date of service \$253.76. The submitted DWC 60 indicates a requested amount of \$253.00. The amount of \$253.00 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 requester 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 Indemnity Insurance Co of North America must remit to Ferral L Endsley, DO \$253.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	April 16, 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, please 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.