



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Hill Regional Physician Group Inc.

Respondent Name

Employers Mutual Casualty Co

MFDR Tracking Number

M4-26-0405-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 25, 2025	01830 AA	\$575.48	\$575.48
February 25, 2025	64417 59 LT	\$147.54	\$135.58
Total		\$723.02	\$711.06

Requester's Position

"We received incorrect insurance information from the facility and did not learn of that error until after the filing deadline."

Amount in Dispute: \$723.02

Respondent's Position

The provider is currently seeking payment of \$723.02. Of that amount, \$575.48 is based upon CPT code 01830 AA. The provider is not entitled to that amount. The carrier's EOB dated July 2, 2025 denied the bill on the basis that the time limit for filing had expired. If the provider is entitled to any reimbursement, it is limited to the only CPT code that the provider timely submitted as part of the CMS 1500 to the carrier. That CPT code is 64417 with modifiers of 59 and LT. The provider is seeking payment of \$147.54 for it."

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Did the requester support an exception exists for timely filing deadline?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to payment?

Findings

1. The requester is seeking reimbursement of professional medical services rendered in February of 2025. The documentation submitted with this request included explanation of benefits from Liberty Mutual. This is not the correct workers' compensation carrier and will not be considered in this review. The first explanation of benefits for the disputed charges of 01830 AA and 61417 -59 -LT from EMC Insurance indicates the carrier received the claim on June 30, 2025. Subsequently, this insurance carrier denied the claim for untimely submission of the medical bill.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

Review of the submitted documentation found the requester was notified of the correct workers' compensation carrier (EMC) on June 24, 2025. The explanation of benefits submitted with the MFDR request shows the claim was received by EMC on June 30, 2025. After the denial of the services for timely filing, the requester submitted a reconsideration to EMC that was received on August 4, 2025.

Based on this review, DWC finds the exception of 408.0272 (1) (C) applies as the claim was submitted and received by Liberty Mutual originally then after notification of the correct carrier, the requester submitted to EMC within 95 days of this notification. The disputed services will be reviewed per applicable fee guidelines.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states,

(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...

(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.

The requester billed CPT code 01830 defined as "Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified." The requester billed the disputed anesthesiology service using the "AA" modifier that is described as "Anesthesia Services performed personally by the anesthesiologist." Additionally, the requester billed code 64417 - Injection(s), anesthetic

agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed. The requester billed the disputed service with the 59 modifier – Distinct Procedural Service. Review of the Anesthesiology Procedure Note supports this was a distinct procedure.

To determine the MAR for the anesthesia, the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance. The Division reviewed the submitted medical bill and finds the anesthesia was started at 10:30 and ended at 11:48, for a total of 78 minutes.

Per Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services Section (50)(G) states, "Actual anesthesia time in minutes is reported on the claim. For anesthesia services furnished on or after January 1, 1994, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place."

Therefore, the requester has supported $78 \div 15 = 5.2$ rounded up to 6

The base unit for CPT code 01830 is 3.

The DWC Conversion Factor for 70.18.

The MAR for CPT code 01830 is: (Base Unit of 3 + Time Unit of 6 = 9 X \$70.18 DWC conversion factor = \$631.62

The MAR for code 65517 is calculated as the DWC Conversion Factor/Divided by the Medicare Conversion Factor x by allowable by carrier and location in the CMS Physician fee schedule.

- DWC Conversion Factor for 2025 – 70.18
- Medicare Conversion Factor for 2025 – 32.3465
- CMS Physician Fee Schedule Allowable for Lancaster, TX in a facility - \$62.49
- $70.18/32.3465 \times \$62.49 = \135.58

3. The requester has supported that this claim denied by EMC as untimely claim submission meets the exception as defined by rule as being first submitted to another workers compensation carrier. The allowable for 01830 AA is \$631.62 however the requester asks for only \$575.48. This amount is recommended. The total allowable for code 65517 is \$135.58. The total allowable is \$711.06. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 requester is entitled to reimbursement for the disputed services. It is ordered that Employers Mutual Casualty Co must remit to Hill Regional Physician Group Inc. \$711.06 plus applicable accrued interest within

30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 30, 2025

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.