



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Scott Harrell, D.C.

Respondent Name

ACIG Insurance Company

MFDR Tracking Number

M4-19-4025-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 3, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our office submitted this claim to the carrier by fax to 1-562-506-0360 on 06/11/18."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor, Impairment & Functional Assess indicated in its response that the initial medical billing was, faxed to (562) 606-0360 on 06/11/18. The carrier has no known knowledge of the fax# utilized for submission of the medical billing in question. The carrier notes no record of receipt of a complete medical bill for the date of service 05/22/18 until 10/11/18."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 22, 2018	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$650.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.20 sets out the procedures for submission of a medical bill.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – Time Limit Filing Claim/Bill has Expired

- Notes: “Per rule 133.20 and section 408.0272 of the Act, your documentation does not meet the criteria for proof of timely filing.”
- Notes: “Effective 9/1/05, providers have 95 days to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 408.027 of the Act.”

Issues

Is Dr. Harrell entitled to reimbursement for the examination in question?

Findings

Dr. Harrell is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Per explanations of benefits dated November 6, 2018, and April 9, 2019, the insurance carrier denied the disputed examination based on timely filing.

A health care provider is required to submit a medical bill to the insurance carrier no less than 95 days from the date of service or waive its right to reimbursement.¹

Dr. Harrell argued that the medical bill was submitted to fax number “1-562-506-0360 on 06/11/18.” CorVel argued on behalf of the insurance carrier that “The carrier has no known knowledge of the fax# utilized for submission of the medical billing in question.”

No evidence was submitted to support that the fax number used for submission was associated with the insurance carrier or its agent. The submitted documentation does not support that the health care provider submitted a medical bill for the service in question to the insurance carrier or its agent not less than 95 days from the date of service.

The DWC concludes that Dr. Harrell is no entitled to reimbursement for the examination in question.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	June 14, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

¹ 28 Texas Administrative Code §133.20(b); Texas Labor Code §408.027(a)

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.