



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ninala, Ranil

Respondent Name

Property & Casualty Ins Co of the Hartford

MFDR Tracking Number

Mr-22-0284-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 20, 2021	99456 WP	\$800.00	\$0.00
Total		\$800.00	\$0.00

Requestor's Position

Please see the Commissioner's Bulletin #B-0010-20 outlining exception timely filing due to catastrophic event of COVID outbreak causing this report to be submitted outside of normal timeline.

Amount in Dispute: \$800.00

Respondent's Position

Dr. Ninala alleges the 95-day billing deadline was tolled under Commissioner's Bulletin #B-100-020. However, effective March 1, 2021, the tolling period was lifted under Commissioner's Bulletin #B-0004-21, and the clock for submitting a medical no later than the 95th day resumed.

Response Submitted by: Burns Anderson Jury & Brenner, LLP

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. 28 Texas Administrative Code §102.4 sets out rules for non-commission communications.

Denial Reasons

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

- 29 – The time limit for filing has expired
- 193 – Original payment decision is being maintained

Issues

1. Does an exemption to the 95-day filing requirement exist?
2. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in May 2021. The insurance carrier denied the disputed service as timely filing requirements not met. 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;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The requestor states an exception exists based on a catastrophic event. The DWC Commissioner issued Bulletin #B-0004-21 on January 29, 2021, that states in pertinent part, "the tolling of medical billing deadlines will be lifted effective March 1, 2021."

The date of service in dispute is May 20, 2021, after the resumption of the 95-day filing deadline. The requestor's statement is not supported.

2. Review of the submitted documentation found the insurance carrier received the claim on August 26, 2021. DWC Rule §102.4 (h) (1) and (2) states, 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.

Insufficient evidence was found to support submission of the claim as described above.

The insurance carrier's denial is supported. No payment 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 12, 2021

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.