

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Alison Walls PHD

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-22-0429-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

November 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2021	96116	\$165.18	\$0.00
March 4, 2021	96132	\$227.54	\$0.00
March 4, 2021	96133	\$2489.20	\$0.00
March 4, 2021	96136	\$78.75	\$0.00
March 4, 2021	96137	\$637.11	\$0.00
Total		\$3597.78	\$0.00

Requestor's Position

The carrier has not paid this claim in accordance and compliance with TDE-DWC Rule 133 and 134.

Amount in Dispute: \$3597.78

Respondent's Position

...the Office has determined we will maintain our denial for 29-Time limit for filing has expired as processed for date of service. The Commissioner's Bulleting # B-0010-20 had expired on 3/1/21 regarding tolling of time for medical bills. Further research of the requestor's dispute packet did not find documentation to support their statement of the bill being submitted on 4/12/21 as their evidence shows by way of their fax confirmation that they submitted the bill on 8/9/21

which is 158 days from the date of service.

Response Submitted by: State Office of Risk Management

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 TAC §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.

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. Upon review it was determined that this claim was processed properly

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered in March 2021. The insurance carrier the insurance carrier denied based on untimely submission of the claim. 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. Review of the submitted documentation did not support the disputed medical claim was submitted with the required time frame.

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.

Review of the submitted documentation found insufficient evidence to support an exception or filing an erroneous claim.

The catastrophic event that tolled the claim filing deadline ended March 1, 2021 (Commissioner's Bulletin # B-0004-21.) The dates of service in dispute are March 4, 2021 after the resumption of the 95 claim filing requirement. 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 requestor has not established that additional reimbursement {of \$[Amount]} 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

December 20, 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.