

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Charles Cottier, D.C.

**Respondent Name**

ACE American Insurance Co.

**MFDR Tracking Number**

M4-22-0437-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

November 1, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 20, 2021	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00

### Requestor's Position

DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED ... PLEASE FIND PROOF OF TIMELY FILING ATTACHED.

**Amount in Dispute:** \$500.00

### Respondent's Position

... we have escalated the bill in question for manual review to determine if additional monies are owed.

**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 §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.

## 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.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment.

## Issues

1. Is ACE American Insurance Company's denial based on timely filing supported?
2. Is Charles Cottier, D.C. entitled to additional reimbursement?

## Findings

1. Dr. Cottier is seeking reimbursement for a designated doctor examination to determine the extent of the compensable injury. The insurance carrier denied payment based on timely filing.

According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Cottier submitted the bill for the examination in question to the insurance carrier on or about May 6, 2021. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

2. Because ACE American Insurance Company failed to support its denial of payment for the disputed service, Dr. Cottier is entitled to reimbursement.

The submitted documentation indicates that Dr. Cottier performed an examination to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00. This amount 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 additional reimbursement of \$500.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that ACE American Insurance Company must remit to Charles Cottier, D.C. \$500.00 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

February 1, 2022

\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).