

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gary Richard Williams

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-22-0560-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 17, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2021	99456 W5 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

Texas Mutual on 8/11/2021 received a bill from Gary Williams, MD. Texas Mutual reviewed the documentation submitted and determined the bill was received untimely. Proof of timely filing was not submitted. The provider submitted the Commissioners Bulletin # B-0010-20 dated 3/25/2020 indicating the exception to timely filing due to catastrophic event. On January 29, 2021, Commissioner's Bulletin # B-0004-21 lifted the tolling of medical billing deadlines effective 3/1/2021, this means the provider had 95 days to submit the medical bill from 3/1/2021 to be considered timely. 95 days from 3/1/2021 is 6/4/2021.

Response Submitted by: Texas Mutual

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:

- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- 29 – The time limit for filing has expired

Issues

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

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in February 2021. The insurance carrier denied the disputed service based on timely filing.

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

The requestor states in their position statement that an exception exists per Texas Labor Code §408.0272. (b) (2) which states in pertinent part, the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

While the commissioner did issue Bulletin # B-0010-20 that suspended the filing deadlines for medical claims, Bulletin # B-0004-21 reinstated the filing deadline for medical claim submission effective March 1, 2021.

Review of the submitted documentation found insufficient information to support the medical claim was submitted with 95 days of March 1, 2021. 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

		December 22, 2021
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.