



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

John Sklar, M.D.

**Respondent Name**

Arch Insurance Company

**MFDR Tracking Number**

M4-22-0730-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

December 15, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2021	Designated Doctor Examination 99456-W5-WP	\$1,100.00	\$0.00
June 24, 2021	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
June 24, 2021	Designated Doctor Examination 99456-MI	\$50.00	\$0.00
Total		\$1,650.00	\$0.00

### Requestor's Position

See attached approval from Texas Department of Insurance for additional time to complete report.

**Amount in Dispute:** \$1,650.00

### Respondent's Position

The Austin carrier representative for Arch Insurance Company is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 21, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response

within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **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 medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. Texas Labor Code §408.0272 sets out the exceptions to timely filing of medical bills.

### 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 408.027, providers must submit bills to payors within 95 days of the date of service.

### Issues

1. Is Arch Insurance Company's denial based on timely filing supported?

### Findings

1. John Sklar, M.D. is seeking reimbursement for a designated doctor examination performed on June 24, 2021. The insurance carrier denied payment based on timely filing.

With few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill by mistake to
  - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured

- a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by agreement of the parties.

No evidence was presented to support that Dr. Sklar submitted a medical bill within 95 days of the date of the examination. No evidence was submitted to support that one of the allowed exceptions applied to the bill in question, or that an agreement had been reached with the insurance carrier to extend the time limit for filing.

DWC cannot recommend reimbursement for the services in question.

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	March 22, 2022 Date
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**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).