

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Keith Louden, M.D.

**Respondent Name**

Employers Insurance Co. of Wausau

**MFDR Tracking Number**

M4-22-0791-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

December 30, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2021	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00

### Requestor's Position

FOLLOWING APPROVAL FROM TDI/DWC MAKES THE DEADLINE 11-17-21

**Amount in Dispute:** \$350.00

### Respondent's Position

The bill has been reviewed no payment is due at this time and the bill was denied correctly as the bill was not received within 95 days from Date of Service. The Date of Service for this treatment is 07/22/2021 and the bill was submitted to Liberty Mutual on 11/3/2021 which is 104 days from Date of Service.

**Response Submitted by:** Liberty Mutual Insurance

### 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:

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- P12 – No description provided.

## Issues

1. Is Employers Insurance Co. of Wausau's denial based on timely filing supported?

## Findings

1. Keith Loudon, M.D. is seeking reimbursement for a designated doctor examination performed on July 22, 2021. Employers Insurance Co. of Wausau denied reimbursement 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.

The greater weight of evidence supports that Dr. Louden submitted the initial medical bill on or about November 3, 2021. 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 requestor 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

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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).