



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Pedro Lozano, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-22-1041-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

February 2, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|--|-------------------|------------|
| May 6, 2021 | Designated Doctor Examination 99456-W5-NM; 99456-SP | \$400.00 | \$0.00 |

Requestor's Position

We have submitted multiple collection requests and have not received partial or full payment. Per our records, the bill was submitted to the insurance carrier on: June 12, 2021

As of today, we have not received an Explanation of Benefits from the carrier.

Amount in Dispute: \$400.00

Respondent's Position

Upon research of the claim file the Office found that a complete bill for this date of service has not been received. Review of the requestor's electronic 837 report it shows the provider submitted the bill on June 12, 2021, through P2P where they submitted to a payer state of Illinois and further did not locate on 837 report that the requestor billed our payer ID of WB125 to WCEDI which is the Office's E-Bill clearinghouse. To date the Office has not received a complete bill for this 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 §133.20 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. Texas Labor Code §408.027 sets out the requirements for timely filing of medical bills.
4. TLC §408.0272 provides exceptions to the 95-day filing requirement.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Is Pedro Lozano, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Lozano is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier argued that it did not receive a bill for the examination.

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 §408.027(a) states that a health care provider forfeits its right to reimbursement if a

medical bill is not submitted to the insurance carrier timely. No evidence was received to support that Dr. Lozano submitted the initial medical bill to the insurance carrier for this claim. No evidence was received to support that one of the allowed exceptions applied to the bill in question.

DWC recommends no payment for the disputed examination.

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

March 17, 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. 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.