



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

GREAT NORTHERN INSURANCE COMPANY

MFDR Tracking Number

M4-22-1407-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 25, 2021	99213 and 99080-73	\$178.14	\$0.00
Total		\$178.14	\$0.00

Requestor's Position

"Despite sending proof of timely filing we have been denied payment for 'timely filing /bill has expired.' THIS IS INCORRECT. Office visits are recommended as determined to be medically necessary. The patient is entitled to reasonable medical care as stipulated in Texas law as related to the original injury. Under the Worker's Compensation Act of the Texas Labor Code an injured employee is entitled to lifetime medical treatment for a compensable injury (Section 408.021) and the Appeals Panel has held that MMI does not mean that there will not be a need for some future medical treatment."

Amount in Dispute: \$178.14

Respondent's Position

"The requestor, Peak Integrated Healthcare provided a 'Claim History' in the dispute request as proof of timely filing and alleges a paper medical bill was originally submitted to CorVel on 06/29/21. CorVel has no record of receipt of a complete medical bill pursuant to 28 TAC Chapter 133 for the date(s) of service in question until 02/02/22. CorVel maintains the requestor, Peak Integrated Healthcare is not entitled to reimbursement for date of service 06/25/21 based on failure to timely submit a complete medical bill in accordance with health care provider billing rules set forth under 28 TAC Chapter 133 General Medical Provisions."

Response Submitted by: CorVel

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §102.4 sets out the rules for non-Commission communications.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 29 – Time limit for filing claim/bill has expired.
- Note: Per rule 133.20 and section 408.0272 of The Act, your documentation does not meet the criteria for proof of timely filing.
- RM2 – Time limit for filing claim has expired.
- W3 – Appeal/reconsideration.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.
2. TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

3. Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95-days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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.

The DWC finds the requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services.

Authorized Signature

_____	_____	March 31, 2022
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 electrónico CompConnection@tdi.texas.gov.