



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

PEAK INTEGRATED HEALTHCARE

**Respondent Name**

PLANO INDEPENDENT SCHOOL DISTRICT

**MFDR Tracking Number**

M4-22-1575-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 29, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2001 and September 15, 2021	99080-73, 99213, 97110-GP, 97112-GP, and 97750-GP	\$1,109.24	\$0.00
<b>Total</b>		\$1,109.24	\$0.00

### Requestor's Position

"We then received the carrier's response that 'time limit for filing has expired.' This is incorrect. The attached dates of services were never processed, or we never received the EOB. I have attached the original claim with the original date that it was sent as well as the patient ledger which is a direct printout from our system showing the date order they were initially sent."

**Amount in Dispute:** \$1,109.24

### Respondent's Position

"The services in question were received on 2/26/2022 and 2/28/2022. We have no record of receiving them prior to these dates. There has been no proof of timely filing by the provider. The Ledger presented documents the dates of service, procedures, and charges but there is no documentation of the bills being filed. Although the CMS-1500 documents a date, that again is not proof of the bill being filed. I have included copies of the bills received as well as our determination. It is our opinion the charges were not received timely and denial for timely filing should be maintained."

**Response Submitted by:** Claims Administrative Services, Inc.

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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:

- 719 – Per rule 133.20, a medical bill shall not be submitted later than the 95<sup>th</sup> day after the date of service.
- 29 – The time limit for filing has expired.

### 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. The Requestor seeks reimbursement for CPT Codes 99080-73, 99213, 97110-GP, 97112-GP and 97750-GP rendered on September 13, 2021 and September 15, 2021. The insurance carrier denied the services in dispute due to the 95-day time limit for filing has expired.  
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."  
Insufficient documentation was found to support that any of the exceptions 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 no 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 requester has established that reimbursement of \$0.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 12, 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).