

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED
HEALTHCARE

Respondent Name
AMERICAN CASUALTY CO OF READING

MFDR Tracking Number
M4-22-1616-01

Carrier's Austin Representative
Box Number 57

DWC Date Received
April 01, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 21, 2021	Code 99213 and 99080	\$175.18	\$0.00
	Total	\$175.18	\$0.00

Requestor's Position

"I am submitting a claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. THIS IS AN APPROVED CASE. This is an incorrect denial by the carrier. Please see attached ORIGINAL CLAIM with the ORIGINAL CLAIM DATE when this CLAIM WAS FIRST SUBMITTED TO THE CARRIER."

Amount in Dispute: \$175.18

Respondent's Position

"In this matter the only bills that carrier received from Requestor were not received until 01/21/2022. Requestor's submission does not includes [sic] any form of proof that this medical billing was submitted to or received by the Carrier prior to January 2022. Carrier does not show receipt of any Request for Reconsideration either."

Response Submitted by: Law Office of Brian J Judis

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. 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 – The time limit for filing has expired
- 4271 – Per TX Labor Code Sec 408.027, Providers must submit bills to payors within 95 day of the date of service

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

1. The requestor is seeking \$175.18 for Codes 99213 and 99080 rendered July 21, 2021. The insurance carrier denied disputed service based on timely filing deadline not met. The requestor states they submitted evidence of timely submission.

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 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. The insurance carrier's denial is supported.

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.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is \$0.00.

Authorized Signature

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution Officer

April 22, 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.