

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Sheri Ekukpe, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-22-1825-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 3, 2021	Designated Doctor Examination 99456-W5-NM	\$350.00	\$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: January 11, 2021.

Amount in Dispute: \$350.00

Respondent's Position

The requestor ... provided a document in the dispute request as proof of timely filing and alleges an electronic medical bill was submitted to the insurance carrier and/or its agent CorVel on 01/05/22 ...

An acknowledgement is transmitted to health care providers and/or their agents within two (2) working days of receipt of an electronic submission pursuant to division rules. Without sufficient evidence to support proof of timely electronic bill submission to CorVel's clearinghouse on behalf of the insurance carrier it is assumed the electronic medical bill was only submitted to the health care provider's bill processing agent not later than the 95th day after the date on which

the health care services are provided to the injured employee.

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 §102.4 sets out the guidelines for non-division communication.
2. 28 TAC §133.20 sets out the procedures for submission of medical bills.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

Issues

1. Is Sheri Ekukpe, D.C. entitled to additional reimbursement?

Findings

1. Dr. Ekukpe is seeking reimbursement for a designated doctor examination performed on December 3, 2021. 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.

The rules regarding communication between health care providers and insurance carriers is found in 28 TAC §102.4. Subsection (h) states that,

- (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 ...

The documentation submitted does not sufficiently support timely submission of the bill in question to the insurance carrier or its agent.

Because the evidence presented in this dispute was insufficient to support that a complete medical bill and appeal were sent to the insurance carrier, DWC finds that Dr. Ekukpe is not entitled to reimbursement for the service 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 requester 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

June 30, 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.