

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Victoria Physical Therapy

Respondent Name

National Fire Insurance Co of Hartford

MFDR Tracking Number

M4-22-1855-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

April 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 14, 2021	97110	\$252.00	\$0.00
September 20, 2021	97164	\$73.00	\$0.00
September 20, 2021	97110	\$252.00	\$0.00
Total		\$577.00	\$0.00

Requestor's Position

"The submitted documentation did not contain a position statement only document titled "Details."

Amount in Dispute: \$577.00

Respondent's Position

"... the Carrier denies ever having received any properly completed original billing for the Disputed Dates of Service 09/14/2021 for the rendered services. Therefore, the bill was properly denied... The only bill the carrier received from Requestor for DOS 09/20/2021 were not received until receipt of this MDR."

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the requirements of medical bill submission.
3. 28 TAC §102.4 sets out the rules for non-commission communication.

Denial Reasons

Neither party submitted explanation of benefits applicable to the disputed services. The requestor included notification of the need to submit date of service September 14, 2021, directly to the carrier.

Issues

1. Did the respondent support their position statement?
2. Did the requestor support timely submission of the medical bills to the correct payer?

Findings

1. The respondent states in the position statement, "An EOR dated 10/14/2021 was processed with the following denial codes." Review of the submitted documentation found insufficient evidence to support the adjudication of the claim. The respondent's position statement will not be considered in this dispute.
2. The requestor is seeking payment of physical therapy services rendered in September 2021. The requestor included documentation from MedRisk indicating the need to bill MedRisk for services rendered.

For the date of service September 14, 2021, MedRisk notified the requestor on December 9, 2021 that the insurance carrier denied the claim and they should submit directly to the carrier. Insufficient evidence was found to support the requestor sent the claim directly to the insurance carrier either as a new bill or a reconsideration. No payment can be recommended.

For date of service September 20, 2021, the requestor included a copy of the original bill.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part, notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

DWC Rule 28 TAC §102.4 (h) states in pertinent part, 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. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted documentation was insufficient to support within 95 days of date of service September 20, 2021, a claim was submitted to the worker's compensation carrier. No payment is recommended.

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

June 9, 2022

Date

Signature

Medical Fee Dispute Resolution Officer

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.