



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

JORGE L. NIETO, DC

**Respondent Name**

OHIO SECURITY INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-1868-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

April 28, 2022

### Summary of Findings

| Dates of Service   | Disputed Services     | Amount in Dispute | Amount Due |
|--------------------|-----------------------|-------------------|------------|
| September 23, 2021 | 97545-WH and 97546-WH | \$153.60          | \$0.00     |
| <b>Total</b>       |                       | \$153.60          | \$0.00     |

### Requestor's Position

"Due to a recent internal audit in our office, we have found the attached claims remain unpaid. AFTER SENDING THIS INFORMATION TO THEM NOW TWICE, WE ARE BEING DENIED PAYMENT BASED ON DUPLICATE. THIS IS INCORRECT AND WE ASK THAT YOU KINDLY ADJUDICATE."

**Amount in Dispute:** \$153.60

### Respondent's Position

"The bill has been reviewed no payment is due at this time and the bill was denied correctly as the bill was not received within 95 days from Date of Service. The Date of Service for this treatment is 09/23/2021 and bill was submitted to Liberty Mutual on 03/17/2022 which is 175 days from Date of Service. Per Rule 133.20 (b) b) 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."

**Response Submitted by:** Liberty Mutual

## 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:

- 4271 – PER TX LABOR CODE SEC. 408.027, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

### 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 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.

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."

2. 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 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**

|           |  |              |
|-----------|--|--------------|
| _____     | _____                                  | June 3, 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](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 prefiera 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).