

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton D. Weeks, D.C.

Respondent Name

Travelers Indemnity Co.

MFDR Tracking Number

M4-22-1930-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

May 5, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 6, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-NM	\$350.00	\$0.00

Requestor's Position

After careful review of documentation, it is concluded that this billed examination was originally billed with the incorrect date of service. We were made aware of this erroneous billed examination on 10/19/2021 ... Billed examination was resubmitted to the correct insurance carrier with the correct date of service on 10/19/2021, resulting in timely submission of corrected erroneous bill notified on 10/19/2021, (1 day) ... This billed examination was submitted within the allotted time for medical bill submission and should be paid in full.

Amount in Dispute: \$350.00

Respondent's Position

The Provider performed an evaluation on 05-06-2021 and submitted the DWC-69 and narrative report on 05-24-2021. There was no HCFA-1500 included with this submission. The Provider then sent a billing inquiry on 07-05-2021 inquiring about the status of the bill and including a HCFA-1500. This was the first submission of billing for this evaluation. That billing, however, stated the

date of service was 03-05-2021. The Carrier reviewed and denied reimbursement as the date of service was duplicate to the prior MMI evaluation by the provider.

On 10-19-2021, the Provider submitted billing which is stamped as a reconsideration for the 05-06-2021 evaluation. On that billing, however, the Provider changed both the date of service (from 03-05-2021 to 05-06-2021) and the CPT code billed (from 99456 to 99465). By changing the date of service and the CPT code, the Provider created a new bill per Rule 133.250(d)(1). The Carrier reviewed this billing and denied reimbursement as the Provider did not timely submit this new billing within 95 days of the date of service.

Response Submitted by: Travelers

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 §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. Texas Labor Code Sec. 408.0272 sets out exceptions to the 95-day timely filing of a medical bill.

Denial Reasons

The insurance carrier 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 days of date of service.
- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service.
- DUPL – These services have already been considered for reimbursement.

Issues

1. Is Trenton D. Weeks, D.C. entitled to additional reimbursement?

Findings

1. Dr. Weeks is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed on May 6, 2021. The insurance carrier argued it did not receive a bill for the services in dispute within 95 days of the date of service.

With few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill by mistake to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

No evidence was received to support that Dr. Weeks submitted a medical bill for the services in question to the insurance carrier.

DWC cannot recommend reimbursement for the examination 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.