

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Matthew Montgomery, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-0706-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

November 21, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 16, 2021	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

Claim was not paid due to untimely filing. I have attached the EOB, CMS1500, OA32, the fax confirmation showing that the bill was faxed on time dated 01/10/2022, as well as a copy of the supporting documentation for the date of service.

Amount in Dispute: \$650.00

Respondent's Position

The office reviewed the requestor's 1/10/2022 submission and it appears that due to transmission problems it may have not come through the adjuster's web fax servicer as the CMS 1500 form was not completely legible for processing as the claimant's name, address, employer, SS#, and other identifying information to process this bill was not legible. There also does not appear to have had documentation attached to make any clear claim determinations ...

A medical bill was received and returned due to the continued non submission of the AP 152 that is required by the Texas Comptroller for vendor setup in the Texas Comptrollers system. **Bill was**

received 245 days from the date of service.

Response Submitted by: State Office of Risk Management

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 §133.10 sets out the procedures for completing medical billing forms.
2. 28 TAC §133.20 sets out the procedures for submission of a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. Texas Labor Code §408.0272 sets out the exceptions to timely filing.

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.
- Notes: "PER RULE 133.20 A HEALTH CARE PROVIDER SHALL NO SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICES ARE PROVIDED. PLEASE RESUBMIT TO INCLUDE DOCUMENTATION THAT SATISFIES THE TWO EXCEPTImis IN TEX/1S LABOR CODE ?408.0272(b)(c) OR (d) TO SUBSTANTIATE THE TIMELY FILING CRITERIA WAS MET
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- Notes: "A request for reconsideration must be submitted no later than 10 months from the date of service per rule 133.250(b)."

Issues

1. Is State Office of Risk Management's denial based on timely filing supported?

Findings

1. Matthew Montgomery, D.C. is seeking reimbursement for a designated doctor examination performed on December 16, 2021. State Office of Risk Management denied payment based on timely filing.

With few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95

days from the date of service. Dr. Montgomery submitted a fax confirmation sheet to support that a bill was submitted on or about January 10, 2022.

The greater weight of evidence supports that the CMS 1500 submitted by Dr. Montgomery was incomplete based on the requirements found in 28 TAC §133.10. No evidence was submitted to support that a complete medical bill was submitted to the insurance carrier not later than 95 days from the date of service. No reimbursement 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 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

_____	_____	December 20, 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. 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.