

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-23-0809-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

December 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 11, 2022	99361-W1	\$113.00	\$0.00
May 3, 2022	97110-GP	\$330.42	\$0.00
May 3, 2022	97712-GP	\$128.08	\$0.00
Total		\$571.50	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for medical fee dispute resolution but did submit a copy of their reconsideration that states, "The attached dates of services were never processed or we never received the EOB. I have attached the original claim with the original date that it was sent as well as the patient ledger which is a direct printout from our system showing the date order they were initially sent. Therefore, please kindly process with the consideration of it being timely filed per rule 133.20B, as I have shown a forms of "proof" of timely filing."

Amount in Dispute: \$571.50

"The medical bill in dispute was denied for lack of timely filing. Per DWC Rule 133.20(b), a health

care provider shall not submit a medical bill later than the 95th day after the date the services are provided. The first receipt of the medical bill by Respondent was on 9/22/2022, when the medical bill was faxed by Requestor. Requestor has not submitted satisfactory proof the medical bill was faxed to, mailed to or received by Respondent within 95 days of the date of service. Therefore, no reimbursement is owed due to the untimely filing of the medical bill.”

Response Submitted by: Downs Stanford, PC

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. 28 TAC §102.4 defines states general rules for non-division communications.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 4271 – Per TX Labor Code Sec 408.027. Providers must submit bills to payors within 95 days of the date of service

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking \$571.50 for professional services rendered in May 2022. The insurance carrier denied the disputed services due to lack of timely submission of the medical 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.

The requestor submitted a document titled "patient ledger". The patient ledger did not support a successful electronic transmission of the medical bill to the correct workers' compensation carrier, or that a faxed copy of the medical bill was sent and received by the correct workers' compensation carrier or that the medical bill was sent by mail to the correct workers' compensation carrier.

The DWC found insufficient evidence to support an exception to the timely filing requirement or that the medical bill was timely submitted. The insurance carrier's denial is supported 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 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

_____	_____	February 1, 2023
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.