

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Joseph S. Coleman, D.C.

Respondent Name

Southeastern Freight Lines, Inc.

MFDR Tracking Number

M4-23-0843-01

Carrier's Austin Representative

Box Number 48

DWC Date Received

December 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00

Requestor's Position

I performed an examination on 08/04/22 and faxed as well as mailed a copy to their facility for payment on 08/13/22. I never received an EOB for this submission. I resubmitted a 2nd filing on 11/20/22 and received an EOB which indicated that the bill was untimely filed. Understanding the what I submitted the 2nd submission I included the facts confirmation sheet indicating they had received it on 08/13/22.

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for Southeastern Freight Lines, Inc. is Gallagher Bassett Services. The representative was notified of this medical fee dispute on December 20, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.

Denial Reasons

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

- 90096 (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 the date of service.

Issues

1. Is Southeastern Freight Lines, Inc.'s denial based on timely filing supported?
2. Is Joseph S. Coleman, D.C. entitled to additional reimbursement?

Findings

1. Dr. Coleman is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. According to 28 TAC §133.20 (b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Coleman submitted the bill for the examination in question to the insurance carrier on or about August 13, 2022. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment for the designated doctor examination in question, Dr. Coleman is entitled to reimbursement.

The submitted documentation supports that Dr. Coleman performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the

maximum allowable reimbursement for this examination is \$350.00. This amount 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 established that additional reimbursement of \$350.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Southeastern Freight Lines, Inc. must remit to Joseph S. Coleman, D.C. \$350.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 9, 2023

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.