Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Craig Nations, D.C.

Respondent Name
State Office of Risk Management

MFDR Tracking Number
M4-23-1386-01

Carrier's Austin Representative
Box Number 45

DWC Date Received
February 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	$800.00	$0.00

Requestor's Position

Dr. Nation's position is that this bill should have been paid at 100%. It was originally submitted without the treating doctors NPI number, and then a correction bill was submitted. It was denied on 11/16/22 for no treating doctor NPI, our correction was submitted on 11/22/22, within the 180 day time limit.

Amount in Dispute: $800.00

Respondent's Position

Initial Position: The requestor, … did not submit a response or appeal rationale for this dispute … Upon receiving notification of the dispute submitted by the requestor … the Office researched the original submission of 9/12/2022 as indicated in the dispute packet and found that we did receive a fax on 9/12/2022 from Dr. Nations which found the only submitted documents in this fax was the MMI/IR evaluation report and did not include the bill as indicated on the fax confirmation sheet …

The Office received three submissions of the medical bill via fax on 11/11/2022 where two of the bills were audited in error due to the bills not being complete pursuant to 28 TAC §133.10. Denials were issued for CARC code 29-Time limit for filing has expired and 18-Exact Duplicate claim/service. The third bill was returned to the provider as Box 17A did not include the referral physician's Texas medical license number as prescribed in 28 TAC §133.10. A fourth submission was received on 11/23/2022 where an audit was performed and issued a denial for the CARC code 29-Time limit for filing has expired on 12/7/202.

Subsequent Position: Upon receiving notification of the rebuttal submitted by the requestor … the Office's position will be maintained as the provider had 95 days from the date of service to submit their corrected bill as prescribed by 28 TAC §133.20 (b)(g) which states "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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) §133.10 defines a complete medical bill.
2. 28 TAC §133.20 sets out the procedures for submitting a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. TLC §408.027 sets out the requirements for payment of a health care provider.
5. TLC §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.

Issues

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

Findings

1. Craig Nations, D.C. is seeking reimbursement for an examination to determine maximum

medical improvement and impairment rating. Per explanation of benefits dated November 21, 2022, State Office of Risk Management denied payment based on timely filing.

TLC §408.027 (a) states:

> A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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 §133.20 (b) states:

> 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. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

TLC §408.0272 (b) provides the exceptions to this requirement:

> Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027 (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; or
>
> (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that "the period for submitting a claim for payment may be extended by agreement of the parties."

Dr. Nations argued that the bill "was originally submitted without the treating doctors NPI number, and then a correction bill was submitted." 28 TAC §133.10 (f)(1) states, in relevant part:

> The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care:
> ...
> (L) referring provider's National Provider Identifier (NPI) number (CMS-1500/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number ...

28 TAC §133.20 (g) states that "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."

Dr. Nations indicated that the corrected bill was submitted on November 22, 2022. This is more than 95 days after the date of service. No evidence was provided to support that a complete medical bill was submitted to the insurance carrier within 95 days of the date of service.

DWC finds that State Office of Risk Management's denial of payment is supported.

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 entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

______________________	______________________	May 19, 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 electronico CompConnection@tdi.texas.gov.