



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
PEAK INTEGRATED  
HEALTHCARE

**Respondent Name**  
FEDERAL INSURANCE CO

**MFDR Tracking Number**  
M4-23-1400-01

**Carrier's Austin Representative**  
Box Number 17

**DWC Date Received**  
February 15, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 25, 2022	Code 97110-GP	\$1,281.44	\$0.00
	99080-73		
	99213		
	97112-GP		
September 29, 2022	97110-GP		
	99213		
	99080-73		
	97112-GP		
<b>Total</b>		1,281.44	\$0.00

### Requestor's Position

"Due to a recent internal audit in our office we have found the attached claims remain unpaid."

**Amount in Dispute:** \$1,281.44

### Respondent's Position

"A CMS-1500 billing form for date of service 08/25/2022 in the amount of \$640.72 was received on 01/26/2023. A medical bill review was conducted and final action rendered on 02/06/23 in the form of a denial based on timely filing ... A CMS-1500 billing form for date of service

09/29/2022 in the amount of \$640.72 was received on 01/26/23. A medical bill review was conducted and final action rendered on 02/06/23 in the form of a denial based on timely filing.”

**Response Submitted by:** CORVEL

## **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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

### Denial Reasons

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

- 29 – Time limit for filing claim/bill has expired
- GP – Service delivered under OP PT care plan
- 72 – Work status report

### Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?

### Findings

1. The requestor is seeking \$1,281.44 for Codes 97110-GP, 99080-73, 99213 and 97112-GP rendered August 25, 2022 and September 29, 2022. The insurance carrier denied disputed service based on time limit for filing claim/bill expired. The requestor states they submitted evidence of timely submission.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

Review of the submitted documentation found insufficient evidence to support one of the exceptions found above were met.

- Explanation of benefits provided for dates of service August 25, 2022 and September 29, 2022 insurance carrier received on January 26, 2023.

For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided. No reimbursement is due.

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 reimbursement of \$0.00 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

[Redacted Signature]

March 17, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).