



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marvin Van Hal, M.D.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-23-1865-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
09/29/2022	99213	\$150.00	\$0.00
09/29/2022	99080-73	\$65.00	\$0.00
Total		\$215.00	\$0.00

Requestor's Position

"... This claim was first sent to the employer because we were told to send to the employer for billing. We were told that it was going to be forwarded to an insurance company if it needed to be forwarded. I called Gallagher Bassett and was told that they did not get the claims; I was told to send the claims again... "

Amount in Dispute: \$215.00

Respondent's Position

"... The provider's bill was denied on the basis that it was not timely submitted to the carrier. Pursuant to Section 408.027 of the Texas Labor Code and Division Rule 133.20, medical bills are required to be submitted to the carrier not later than the 95th day after the date the services were provided. The date of service was September 29, 2022. The 95th day following the date of service was January 2, 2023. The TPA, Gallagher Bassett, has reported that the medical bill was not submitted to it on or before January 2, 2023..."

Response Submitted by: New Hampshire Insurance Co.

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 Medical Fee Dispute Resolution requests.
2. 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission by health care providers.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payers within 95 days of the date of service.
- 247 - A payment or denial has already been recommended for this service.

Issues

1. Has Marvin Van Hal, M.D., waived their right to medical fee dispute resolution?

Findings

1. The requestor is seeking \$215.00 for CPT Code 99213 and 99080-73 rendered on September 29, 2022. The requestor states in their position statement, "...This claim was first sent to the employer because we were told to send to the employer for billing..." Submitted documentation finds evidence that the disputed medical bill was, in fact, first sent to the employer.

28 Texas Administrative Code §133.20 (j) states, "The health care provider may elect to bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s). Such billing is subject to the following: (1) A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to: (A) prompt payment, as provided by Labor Code §408.027; (B) interest for delayed payment as provided by Labor Code §413.019; and (C) medical dispute resolution as provided by Labor Code §413.031."

Based on the submitted documentation, the Division finds the requestor has waived their right to medical fee dispute.

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.

The Division finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

April 21, 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.tas.gov.