



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Edward Baumgartner Jr., M.D.

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-23-1986-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

April 11, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/16/2022	62323	\$1407.00	\$0.00
12/16/2022	Q9966	\$70.00	\$0.00
12/16/2022	J3301	\$160.00	\$0.00
12/16/2022	G9500	\$0.00	\$0.00
<b>Total</b>		<b>\$1,637.00</b>	<b>\$0.00</b>

### Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** \$1,637.00

## Respondent's Position

"...In this matter, the date of service is 12/16/2022. Enclosed please find documentation showing Respondent did not receive the medical bill until 3/23/2023, which is more than 95 days after the date of service. Therefore, the medical bill was appropriately denied for lack of timely filing. In conclusion, Requestor is not owed for untimely submission of medical bills..."

**Response Submitted by:** Indemnity Insurance Co. of North America

## 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.

### Issues

1. Has Edward Baumgartner Jr., M.D. waived their right to medical fee dispute resolution?

### Findings

1. The requestor is seeking \$1,637.00 for disputed date of services rendered December 16, 2022.

28 Texas Administrative Code §133.20 sets out requirements of timely medical bill submission, states in pertinent part "(b) 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."

Texas Labor Code §408.0272(b) sets out certain exceptions for untimely submission of a claim, states "(b) 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."

Per EOBs submitted by both parties, the division finds that the medical bill in dispute was received by the insurance carrier on March 23, 2023, more than 95 days after the disputed date of service, December 16, 2022.

The division finds no documentation that any of the exceptions to the 95 day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

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 requestor 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:**

May 10, 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 electrónico [CompConnection@tdi.tas.gov](mailto:CompConnection@tdi.tas.gov).