



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Robert Jaehne, D.C.

Respondent Name

QBE Insurance Corporation

MFDR Tracking Number

M4-23-2198-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$650.00

Respondent's Position

According to the provider's own documents, the initial medical bill was faxed to the carrier on December 30, 2022. That date was more than 95 days following the September 8, 2022 date of service ... If the provider has any proof that it timely submitted his initial medical bill to the carrier, please forward it to the carrier and to the Medical Review Division.

Response Submitted by: Flahive, Ogden & Latson

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 \(TAC\) §133.20](#) sets out the procedures for submitting medical bills.
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:

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is QBE Insurance Corporation's denial based on timely filing supported?

Findings

1. Robert Jaehne, D.C. is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on September 8, 2022. The insurance carrier denied the bill, stating that "the time limit for filing claim/bill has expired."

With few exceptions, 28 TAC §133.20(b) requires submission of medical bills not later than 95 days from the date of service.

The earliest date of bill submission was provided by the insurance carrier indicating that it was received on December 30, 2022. This date is more than 95 days after the date of service in question. No evidence was provided to support that a bill was submitted to the insurance carrier not less than 95 days after the date of service.

DWC finds that the insurance carrier's denial of payment based on timely filing is supported and no reimbursement can be 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 requestor has not established that 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

_____	_____	August 2, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.