



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Dallas County Community College District

MFDR Tracking Number

M4-23-2209-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
10/31/2022	99213	\$167.22	\$0.00
10/31/2022	99080-73	\$15.00	\$0.00
10/31/2022	99361-W1	\$113.00	\$0.00
11/30/2022	99080-73	\$15.00	\$0.00
11/30/2022	99213	\$167.22	\$0.00
11/30/2022	99361-W1	\$113.00	\$0.00
Total		\$590.44	\$0.00

Requestor's Position

"We received no payment or denial for 10/31/2022 date of service. We disagree that these should not be paid in full. Please process for payment as all other D.O.S."

Amount in Dispute: \$590.44

Respondent's Position

"Our initial receipt of DOS 10/31/2022 was on 4/20/2023. Attached is a copy of the bill and EOB denying the expenses for timely filing. We received date of service 11/30/2022 on 12/6/2022 and payment was issued on 1/12/2023. A copy of the EOB/check as well as a copy of the cancelled check is attached. It is our position that the expenses in question were processed correctly and no further reimbursement is due."

Response Submitted by: Claims Administrative Services, Inc.

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.

Adjustment Reasons

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

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 719 – PER RULE 133.20, A MEDICAL BILL SHALL NOT BE SUBMITTED LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. Has the requestor been previously paid for any of the dates of service in dispute?
2. Has the requestor waived their right to Medical Fee Dispute Resolution (MFDR) for any of the disputed dates of service?

Findings

1. The requestor is seeking reimbursement for disputed services rendered November 30, 2022.

Review of submitted documentation finds that the requestor billed the insurance carrier \$295.22 for services rendered on November 30, 2022.

Review of explanation of benefits submitted as well as a copy of a cleared check, finds that the insurance carrier reimbursed the requestor with a check issued in the amount of \$295.22 on January 12, 2023.

The DWC finds that the requestor has been previously reimbursed in full for disputed date of service November 30, 2022, therefore no additional reimbursement is due.

2. The requestor is seeking reimbursement for services rendered on October 31, 2022. Per explanation of benefits dated May 11, 2023, the insurance carrier denied this date of service for reason 29, defined above as time limit for filing the bill has expired.

28 Texas Administrative Code §133.20 which 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 explanation of benefits submitted, the DWC finds that the medical bill in dispute was first received by the insurance carrier on April 20, 2023, more than 95 days after the disputed date of service, October 31, 2022.

The division finds no documentation to support that the requestor met any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272.

Based on the submitted documentation, the Division finds the requestor has waived their right to medical fee dispute for services rendered on October 31, 2022.

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:

Signature

Medical Fee Dispute Resolution Officer

August 8, 2023

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.