

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Steven Huneycutt, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-2354-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 17, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 9, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-W5-WP	\$650.00	\$0.00
	Examination to Determine Ability to Return to Work 99456-W8-RE	\$500.00	\$0.00
<b>Total</b>		\$1,150.00	\$0.00

### Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS ... AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$1,150.00

### Respondent's Position

Initial Response: "The provider forwarded a letter to the carrier on September 20, 2022 which we are attaching. The provider's next communication with the carrier was on December 30, 2022 when it sent the carrier a request for reconsideration. That fax dated December 30, 2022, represented the carrier's first receipt of the provider's medical bill. That medical bill was submitted to the carrier 102 days following the date of service."

Supplemental Response: "The carrier's supplemental response is based upon the receipt of an email from [MDRInquiry@tdi.texas.gov](mailto:MDRInquiry@tdi.texas.gov) ... That email indicated that MFDR did not send the complete dispute to FOL on May 23, 2023.

"The additional information provided by [MDRInquiry@tdi.texas.gov](mailto:MDRInquiry@tdi.texas.gov) did not provide any reason for the carrier changed its position. That position is that the provider is not entitled to payment because the provider failed to timely submit his medical bill to the carrier."

**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 \(TAC\) §133.10](#) sets out the procedures for completing medical bills.
2. [28 TAC §133.20](#) sets out the procedures for submitting medical bills.
3. [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.

### Issues

1. Is AIU Insurance Co.'s denial based on timely filing supported?
2. Is Steven Huneycutt, D.C. entitled to reimbursement for the disputed examination?

### Findings

1. Dr. Huneycutt is seeking reimbursement for an examination to determine maximum medical improvement, impairment rating, and ability to return to work. AIU Insurance Co. denied payment based on timely filing.

According to 28 TAC §133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Huneycutt submitted the bill for the examination in question to the insurance carrier on or about September 28, 2022. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

- 2. Per the submitted Medical Fee Dispute Resolution Request (DWC060), Dr. Huneycutt is seeking reimbursement for a designated doctor examination performed on September 9, 2022. The DWC060 and the medical bill submitted with the dispute request indicate that the examination was for a date of injury that no designated doctor examination has ever been ordered.

However, the narrative, Report of Medical Evaluation, and Texas Workers' Compensation Work Status Report all reference the date of injury listed on the available order and the Request for Designated Doctor Examination.

28 TAC §133.10(f)(1)(I) requires that the bill include the date of injury on the CMS-1500, field 14. No evidence was found that a bill for the designated doctor examination in question included the correct date of injury as ordered by DWC. Therefore, 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 requester has not established that additional 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 16, 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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).