



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton D. Weeks, D.C.

Respondent Name

Columbia National Insurance Co.

MFDR Tracking Number

M4-23-2846-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

July 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 28, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$650.00	\$0.00

Requestor's Position

Initial Statement: "On 09/28/2022 I performed an evaluation of the above-named claimant. I performed this examination at the request of the injured employee and the treating doctor ... This examination was performed for the purpose of determining MMLand Impairment as it related to the work injury ... This billed examination has been outstanding since 09/14/2022 without an appropriate EOR."

Subsequent Statement: "Dr. Weeks' maintains the request for a favorable decision from TDI/DWC Medical Fee Dispute Resolution as this billed examination has been attempted to be sent to carrier multiple times via multiple methods all within the time limit for Medical Bill Submission, Bill Status, Reconsideration, and MFDR."

Amount in Dispute: \$650.00

Respondent's Position

"Please be advised that the Carrier's first receipt of the provider's medical bill was on July 18,

2023.”

Response Submitted by: Hoffman Kelley Lopez, LLP

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.
3. [TLC §408.0272](#) provides the exceptions to timely filing of a medical bill.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services completed prior to the request for medical fee dispute.

Issues

1. Is Trenton D. Weeks, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Weeks is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Dr. Weeks argued that the insurance carrier failed to provide explanations of benefits for properly submitted bills.

Hoffman Kelley Lopez, LLP argued on behalf of Columbia National Insurance Co., that the request for medical fee dispute resolution was the first receipt of medical bill for the services in question. Per explanation of benefits dated July 28, 2023, the insurance carrier denied payment based on the following reasons:

- 29 – The time limit for filing has expired
- 750 – Per 130.20, a medical bill shall not be submitted later than 95 days after DOS.

28 TAC §133.20 states, in relevant part:

- (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section.
- (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. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

The documentation submitted was insufficient to support that a medical bill for the services in question was submitted to the insurance carrier within 95 days from the date of service.

Dr. Weeks argued that "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."

As noted in 28 TAC §133.20(b), there are limited exceptions to the requirement to file medical bills within 95 days from the date of service. TLC §408.0272(b) states that, "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."

Dr. Weeks did not support an argument that he had erroneously filed for reimbursement with the entities described in TLC §408.0272(a)(1) or that the commissioner determined that "the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider" in accordance with TLC §408.0272(a)(2).

TLC §408.0272(d) states, "Notwithstanding any other provision of this section or Section 408.027, the period for submitting a claim for payment may be extended by agreement of the parties." No evidence was provided that such an agreement had been made.

Because Dr. Weeks failed to support that the bill in question was filed to the insurance carrier as directed by 28 TAC §133.20(b) and did not meet one of the exceptions found in TLC §408.0272, DWC concludes that he is not entitled to reimbursement for the examination in question.

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 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

September 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 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.