



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Duane Vincent, D.C.

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-24-0087-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

September 13, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 10, 2022	99456-W5-WP	\$350.00	\$0.00
November 10, 2022	99456-W5-WP	\$300.00	\$0.00
November 10, 2022	99456-W5-WP	\$150.00	\$0.00
November 10, 2022	99456-W7-RE	\$500.00	\$0.00
November 10, 2022	99456-W6-RE	\$250.00	\$0.00
<b>Total</b>		\$1,550.00	\$0.00

## Requestor's Position

Excerpt from Request for Reconsideration:

"The bill was not paid in full due to untimely filing. I have attached the CMS1500, EOB, OA32, the supporting documentation for the date of service. The bill was fax on 12/15/2022 and on 6/16/23 the bill was refaxed with the fax confirmation from 12/15/2022."

**Amount in Dispute:** \$1,550.00

## Respondent's Position

"Enclosed please find a copy of the first medical bill received by Respondent on 6/16/2023. Requestor included copies of fax confirmations showing the medical bill was faxed to 859-264-4367. That is not a fax number for the third party administrator, CBCS, who is handling this claim. That number belongs to Sedgwick, who has no affiliation to this claim. It is unknown to Respondent why the Provider did not use the fax number listed on the DWC-32. In conclusion, Requestor did not timely submit the medical bill within 95 days. Therefore, reimbursement is not owed."

**Response Submitted by:** Downs Stanford, P.C.

## 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 \(TAC\) §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.027](#) sets out requirements for the timely submission of medical bills.

### Denial Reasons

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

- 29 – The time limit for filing has expired.

- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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 Duane Vincent, D.C. forfeited its right to reimbursement for the services in dispute?

## Findings

1. The requestor is seeking \$1,550.00 for a disputed designated doctor examination service rendered on November 10, 2022.

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."

Per Texas Labor Code (TLC) Sec. §408.027, "(a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." TLC §408.0272(b) then sets out certain exceptions for untimely submission of a claim, stating "(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."

A review of the relevant documentation available to DWC finds that the address, fax number and telephone number for medical bill submission were provided to the requestor on the DWC032, "Request for Designated Doctor Examination" form. DWC finds no evidence to support that the medical bill was sent to the insurance carrier or its agent within 95 days from the date of service, as required per TLC §408.027 and TAC §133.20.

Per explanation of benefits submitted, DWC finds that the medical bill in dispute was first received by the insurance carrier on June 16, 2023, more than 95 days after the disputed date of service, November 10, 2022.

DWC finds no documentation that any of the exceptions to the untimely filing rule, set out in Labor Code §408.0272, exist in this dispute. Therefore, DWC finds the requestor has forfeited their right to reimbursement for the disputed service rendered on November 10, 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 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:**

November 21, 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).