



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jeffrey Bruce Gibberman MD, ABPMRR

Respondent Name

Liberty Insurance Corp

MFDR Tracking Number

M4-24-0219-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

September 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2022	95886	\$400.00	\$0.00
September 20, 2022	95887	\$350.00	\$0.00
September 20, 2022	95913	\$1500.00	\$0.00
September 20, 2022	95937	\$600.00	\$0.00
September 20, 2022	A4554	\$30.00	\$0.00
September 20, 2022	A4556	\$25.00	\$0.00
September 20, 2022	A4558	\$25.00	\$0.00
September 20, 2022	A4215	\$25.00	\$0.00
September 20, 2022	A4245	\$20.00	\$0.00
September 20, 2022	A4927	\$20.00	\$0.00
Total		\$2995.00	\$0.00

Requestor's Position

"To Whom It May Concern: I am asking TDI to look at this denial for timely filing we have appealed twice to/ Liberty Mutual. And twice denied without a clear explanation. Attached you will see all the appeals in order that we have sent to Liberty Mutual. You will also see the confirmation from iCOMPEDI that the fax was sent to Liberty Mutual well withing timely filing that has been submitted with the appeals to Liberty Mutual."

Amount in Dispute: \$2995.00

Respondent's Position

"This bill for DOS 09/20/2022 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307: A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. The MFDR was filed on 09/21/2023 which is greater than the Dates of service in question."

Response submitted by: Liberty Mutual

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 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- X598 – Claim has been re-evaluated based on additional documentation submitted; No additional payment due.

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking payment for professional medical services rendered in September of 2022. The insurance carrier denied the disputed services as not submitted timely.

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the

request.

- (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
- (B) A request may be filed later than one year after the date(s) of service if:
 - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
 - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
 - (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the service in dispute is September 20, 2022. The request for medical dispute resolution was received at the Division on September 21, 2023.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR.

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 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

		October 20, 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 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.texas.gov.