



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gibberman, Jeffrey Bruce

Respondent Name

Great West Casualty Co

MFDR Tracking Number

M4-24-0444-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2022	95866	\$400.00	\$0.00
October 25, 2022	95887	\$350.00	\$0.00
October 25, 2022	95937	\$600.00	\$0.00
October 25, 2022	95913	\$1,500.00	\$0.00
October 25, 2022	A4554	\$30.00	\$0.00
October 25, 2022	A4556	\$25.00	\$0.00
October 25, 2022	A4558	\$25.00	\$0.00
October 25, 2022	A4215	\$25.00	\$0.00
October 25, 2022	A4245	\$20.00	\$0.00
October 25, 2022	A4927	\$20.00	\$0.00
Total		\$2,995.00	\$0.00

Requestor's Position

"I am asking for a review of this denial for timely filing. Attached you will find the claim form marked as APPEAL. We utilize a clearinghouse for our workers comp billing in order to receive confirmations incase these issues arise. Attached on page 5 of this appeal you will see a confirmation page from icomEDI. It shows when the claim was faxed on 11/17/2022 and forwarded on 1/5/2023."

Amount in Dispute: \$2,995.00

Respondent's Position

"An EOR was sent to the Principle DX on 11/17/23 as shown attached. A review was done to show there were no Efiles/charges submitted to Great West Casualty or our bill review company, RENY Co, by the mail processing department on behalf of their client, Principle Diagnostics LLC. Based on that, there are no benefits available based on the 95 time limit rule."

Response Submitted by: Great West Casualty Company/Old Republic Insurance Group

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.
2. [28 TAC §134.20](#) sets out requirements of medical bill submission.02.4
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 – The time limit for filing has expired.

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement professional medical services rendered on October 25, 2022. The requestor states in their position statement that, "the claim was faxed on 11/17/2022 and forwarded on 1/5/2023. This constitutes proof of timely filing according to TDI work com division."

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted "iCompEDI Bill Status" indications a claim with the disputed date of service and billed amounts was accepted by the Clearinghouse on November 17, 2022. This document also indicates a file was forwarded to receiver for processing on January 5, 2023. This document does not support the successful transmission to the workers' compensation carrier either by fax or electronic transmission.

DWC Rule 28 TAC §133.20 (b) 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.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(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;
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

DWC finds there is insufficient information to support the disputed medical bill was sent and received by the respondent within 95 days or that an exception described above exists. No payment is 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 30, 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.texas.gov.