



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jeffrey Bruce Gibberman

Respondent Name

XL Insurance America Inc

MFDR Tracking Number

M4-24-0628-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 15, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 26, 2023	95886	\$400.00	\$0.00
January 26, 2023	95913	\$1500.00	\$0.00
January 26, 2023	95937	\$500.00	\$0.00
January 26, 2023	A4554	\$30.00	\$0.00
January 26, 2023	A4556	\$25.00	\$0.00
January 26, 2023	A4558	\$25.00	\$0.00
Total		\$2480.00	\$0.00

Requestor's Position

"I am requesting a MFDR for this denial. The denial reason is indicated is timely filing. We have called to have it reprocessed and sent an appeal to carrier with the confirmation page that indicates the claim was sent on our behalf to carrier in a timely manner. I ask that you review the data, previous appeal, and denial we received from said appeal."

Amount in Dispute: \$2480.00

Respondent's Position

"It is the carrier's position that the first time it received the provider's medical bill that covered the six CPT codes identified on the DWC 60 was on September 7, 2023. ...The provider had 95

days following the date of service to submit the medical bill to the carrier. ...The 95th day following the date of service was May 1, 2023. The provider is not entitled to any reimbursement for the six CPT codes identified on the provider's DWC 60."

Response Submitted by: Flahive, Ogden & Latson

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.

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.
- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests, submit a copy of this EOR or clear notation that a recon is
- 18 – Exact duplicate claim/service.

Issues

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

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in January 2023. The insurance carrier denied the service as not being submitted within 95 days. In support of their contention that the claim was submitted timely, the requestor submitted a "Bill Status" from ICompEDI dated October 3, 2023.

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 document indicates on March 2, 2023 a claim for the injured worker was submitted by the requestor and was accepted by a Clearinghouse. This same report indicates something was accepted by Receiver from the payor.

This report does not indicate the workers compensation carrier responsible for the adjudication of date of service January 26, 2023 received the claim within 95 days.

Based on this review, DWC finds the provisions of 28 TAC §102.4 are not met.

Additionally, 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

_____	_____	December 11, 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.