



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Victor Abrego, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-1522-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

March 13, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17, 2023	Designated Doctor Examination 99456-W5-WP	\$950.00	\$0.00

Requestor's Position

"Per our records, the bill was submitted to the insurance carrier on: 11/17/2023

"11.17.2023: Successfully submitted HCFA 1500 and Final Report to State Office of Risk Management (SORM) electronically. The bill was accepted by the payer on 11/18/2023.

"11.17.2023: Also forwarded a copy to [adjuster] via email

"...**11/20/2023** is 95 days after 8/17/2023. We submitted on **11/17/2023**, so the denial is not in line with DWC rules. We believe we are entitled to full payment of \$950.00"

Amount in Dispute: \$950.00

Respondent's Position

"Upon received notification of the dispute submitted by the requestor United Medical Exams the Office reviewed the disputed charges and will maintain our denial of 29-Time limit for filing expired at this time.

"The Office's first receipt of the medical bill via electronic submission was received on 11/21/2023 per the clearinghouse's date stamp at the top of the CMS 1500, an audit was performed, and a denial was issued for 29-time limit for filing has expired as it was received on the 96th day.

"Further research found an appeal being received on 1/17/2024 via electronic submission where an audit was performed, and a denial was issued on for 29-time limit for filing has expired.

"A third submission was received on 2/12/2024, where a denial was issued for 29-the time limit for filing has expired as a review of the documentation the there was no documentation submitted showing that the bill was originally received within 95 from the date of service."

Response Submitted by: State Office of Risk Management

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 \(TAC\) §102.3](#) sets out the procedures for computation of time.
2. [28 TAC §102.4](#) sets out the procedures for non-division communication.
3. [28 TAC §133.20](#) sets out the procedures for submitting a medical bill.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
5. [TLC §408.0272](#) sets out the exceptions to timely filing of a medical bill.

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.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Is the State Office of Risk Management's denial based on timely filing supported?

Findings

1. Victor Abrego, M.D. is seeking reimbursement for a designated doctor examination performed on August 17, 2023.

With few exceptions, 28 TAC §133.20(b) requires submission of medical bills not later than 95 days from the date of service. TLC §408.0272(b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill by mistake to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272(d) also states that the period for submitting a claim for payment may be extended by agreement of the parties.

The insurance carrier argues that it received the initial bill on November 21, 2023. This claim is supported by documentation submitted to DWC in its response to this dispute. 28 TAC §102.3(a)(1) states, in relevant part, that "In counting a period of time measured by days, the first day is excluded and the last day is included." Therefore, November 21, 2023, is more than 95 days from the date of service.

28 TAC §102.4(h) states, in relevant part, "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."

No evidence was received to support that Dr. Abrego submitted the initial medical bill to the insurance carrier before November 21, 2023. No evidence was received to support that one of the allowed exceptions applied to the bill in question, or that an agreement had been reached with the insurance carrier to extend the time limit for filing.

DWC cannot recommend 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 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

May 23, 2024

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.