



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH TEXAS
RADIOLOGY GROUP

Respondent Name

BERKLEY NATIONAL INSURANCE CO

MFDR Tracking Number

M4-24-2113-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 31, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 26, 2023	71045-26	\$21.16	\$0.00
Total		\$21.16	\$0.00

Requestor's Position

"We initially billed Sedgwick Insurance as this is the insurance the patient provided. We did not receive a response from Sedgwick, so we called Sedgwick. The rep informed us there was no claim or injury reported. We contacted the patient to inform him incorrect insurance information was provided at the time of service. He provided Berkey BOG information for DOS 10/26/23. We billed Berkely BOG. The bill & request for reconsideration was denied for timely filing."

Amount in Dispute: \$21.16

Respondent's Position

"The provider has attached a number of documents to its DWC 60. The carrier's position is that the provider is not entitled to reimbursement because the provider did not submit the initial medical bill to the carrier no later than 95 days following the date of service. This is required under §408.027 of the Texas Labor Code... We are attaching a copy of the provider's initial medical bill which is a CMS 1500 it was created on January 12, 2024. It was submitted to the carrier on February 6, 2024. The date of service was October 26, 2023. The medical bill was submitted to the carrier 103 days following the date of service."

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 §133.20 sets out the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- 175 – Modifier 26 represents the professional component of services performed
- ANSI-29 and B1007 – the time limit for filing has expired
- 222 – Charge exceeds fee schedule allowance
- CIQ377 – Additional recommendation is based upon additional supporting documentation received
- RE555 – Previous recommended history on DCN(s) 1000124064 = \$0.00 (175, ANSI29, B1007, BMMSARA, BMMSBRC)
- W3 – TDI Level 1 appeals means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Is the insurance carrier's timely filing denial supported

Findings

1. The requestor is seeking \$21.16 for Code 71045-26 rendered on October 26, 2023. The insurance carrier denied disputed service based on timely filing deadline not met.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "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."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall 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 via 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 shall be the next previous day which is not a Sunday or legal holiday.

2. A review of the submitted information finds no documentation to support the claim that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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 additional reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature



Signature

Medical Fee Dispute Resolution Officer

June 26, 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 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.