



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

William Meiser, D.O.

Respondent Name

Deep East Texas Self Insurance

MFDR Tracking Number

M4-25-1180-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

August 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2024	Designated Doctor Examination 99456-W5-WP	\$800.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$100.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
Total		\$1,400.00	\$0.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,400.00

Respondent's Position

"There is no record of this date of service received for processing at the TPA or IMO. The requestor submitted a copy of an email dated 8/23/2024. The date of the archived email 172 days after the date of service. Therefore, payment is not recommended for this date of service."

Response Submitted by: Injury Management Organization, Inc.

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 \(TAC\) §133.20 effective January 29, 2009, 34 TexReg 430](#) sets out the procedures for submitting medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [TLC §408.0272](#) provides exceptions to the timely filing for medical bills.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Is William Meiser, D.O., entitled to reimbursement for the services in question?

Findings

1. Dr. Meiser is seeking reimbursement for a designated doctor examination performed on March 4, 2024. The insurance carrier argued that it did not receive a bill for the examination until August 23, 2024. DWC received this dispute on August 26, 2024.

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 evidence presented indicates that Dr. Meiser filed the bill in question on August 23, 2024, via fax. This is more than 95 days after the date of service. No evidence was provided to support that an exception or agreement of the parties applies to this bill. No reimbursement is recommended for the services 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

February 7, 2025

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.