



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Ruben Aleman, M.D.

**Respondent Name**

Hartford Insurance Co of Illinois

**MFDR Tracking Number**

M4-25-2196-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

May 12, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2024	Designated Doctor Examination 99456-W5-NM & 99456-W8	\$1,091.00	\$1,091.00

### Requester's Position

"The above referenced date and patient was denied for timely filing per the Carrier Per Rule 133.20 Medical Bill Submission by Health Care Provider the health care provider shall submit all medical bills no later than the 95<sup>th</sup> day after the date of services are provided.

"Rule 102.4(h), titled General Rules for Non-Commission Communication, states '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
2. The date postmarked if sent by mail via United States Postal Service regular mail, or if the post mark 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."

**Amount in Dispute:** \$1,091.00

## Respondent's Position

The Austin carrier representative for Hartford Insurance Co of Illinois is Burns, Anderson, Jury & Brenner. The representative was notified of this medical fee dispute on May 20, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 \(TAC\) §102.4](#) sets out the procedures for non-division communications.
2. [28 TAC §133.20](#) sets out the procedures for submitting medical bills.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

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

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

## Issues

1. Is the insurance carrier's denial based on timely filing supported?
2. Is Ruben Aleman, M.D. entitled to reimbursement for the services in question?

## Findings

1. Dr. Aleman is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and the ability to return to work performed on October 31, 2024. The insurance carrier denied payment stating that "the time limit for filing claim/bill has expired."

Per 28 TAC §133.20(b), "Except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided."

28 TAC §102.4(h) states, "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."

In its review of the submitted evidence, DWC finds that the greater weight of evidence supports the requester's claim that it sent the bill to the insurance carrier in accordance with 28 TAC §§133.20(b) and 28 TAC 102.4(h). The insurance carrier's denial is not supported.

2. Because the insurance carrier failed to support its denial of payment, DWC finds that Dr. Aleman is entitled to reimbursement as calculated below.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(7) states, in relevant part, "The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question. Therefore, the total allowable reimbursement for the services in question is \$1,091.00. This amount is recommended.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$1,091.00 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Hartford Insurance Co of Illinois must remit to Ruben Aleman, M.D. \$1,091.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

_____	_____	August 15, 2025
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).