



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EVERGREEN SPINE & NEUROSURGERY CENTER
CYRIL T. SEBASTIAN, MD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-19-1038-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

OCTOBER 23, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Below is an outline of the timeline of my attempts to have the claims below made payable by Texas Mutual Insurance Company...After received this denial, we reached out to Texas Mutual and spoke to a representative who stated that this claim cannot be payed using cpt code 99254. Because of this on August 16, 2018 I was instructed by Texas Mutual to submit a corrected claim. I complied with the information received form this insurance company and changed the cpt code because that's the only reason this claim initially denied."

Amount in Dispute: \$1,996.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requester provided an E&M service on the date of above then billed it with code 99254. (Attachment) Medicare, on 1/1/2010 no longer covered reimbursement for that code. As a result Texas Mutual denied payment. The requester submitted a second bill for date 5/10/18 with code 99223 intead of 99254. Texas Mutual received the bill on 9/6/18. (Attachment) That bill was untimely given Rule 133/20. Further, of one assumes the date of 8/16/18 in Box 31 of the bill is the creation date of that bill. It was then still untimely."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 10, 2018	CPT Code 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or	\$1,996.30	\$0.00

	<p>coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>		
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FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers’ Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
3. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - CAC-29-The time limit for filing has expired.
 - 731-Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
 - CAC-W3, 350-IN accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724-No additional payment after a reconsideration of services.

Issues

Did the requestor support position that the disputed bills were submitted timely?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99223 based upon reason codes: “CAC-29-The time limit for filing has expired,” and “731-Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.” The respondent contends that reimbursement is not due because “Texas Mutual received the bill on 9/6/18. (Attachment) That bill was untimely given Rule 133/20. Further, if one assumes the date of 8/16/18 in Box 31 of the bill is the creation date of that bill. It was then still untimely.”
2. To determine if CPT code 99223 is eligible for reimbursement the division refers to the following statute:
 - 28 Texas Administrative Code §133.20(f) states” Health care providers shall not resubmit medical bills to insurance carriers after the insurance carrier has taken final action on a complete medical bill and provided an explanation of benefits except in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills).”
 - 28 Texas Administrative Code §133.20(g) states “ Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”
 - 28 Texas Administrative Code §133.240(a) states “An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to

make or deny payment on a bill is not extended as a result of a pending request for additional documentation.”

- 28 Texas Administrative Code §133.250(d) states “A written request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.”
 - 28 Texas Administrative Code §133.250(i) states “If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).”
 - Texas Labor Code §408.027(a) states, “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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 Texas Administrative Code §102.4(h), 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 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.”
 - 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”
3. Both parties to this dispute submitted documentation for consideration in support of their position. The division reviewed the documentation and finds:
- The requestor originally billed CPT code 99254.
 - The respondent denied payment for code 99254 based upon “CAC-181-Procedure code was invalid on the date of service.”
 - The requestor submitted a second bill with CPT code 99223.
 - The respondent denied reimbursement for CPT code 99223 based upon reason “CAC-29 -The time limit for filing has expired.”
 - The division finds the respondent took final action after conducting bill review on a complete medical bill for CPT code 99254 in accordance with 28 Texas Administrative Code §133.240(a).
 - The requestor did not comply with 28 Texas Administrative Code §133.250(d)(1) and reference the same billing code from original bill because changed code to 99223.
 - Because the code was changed from 99254 to 99223 it is considered a new bill per 28 Texas Administrative Code §133.20(g).
 - The requestor submitted a copy of a “Memory Transmission Report” that indicates “Appeal sent and denied by Texas Mutual” on “09.05.”
 - September 5, 2018 is past the 95 day deadline from May 10, 2018.
 - The division finds the requestor did not sufficiently support the bill for code 99223 was sent to Texas Mutual Insurance Co. in accordance with Texas Labor Code §408.027(a). The division concludes the respondent’s denial of payment based upon reason code “CAC-29” is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

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ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		12/07/2018
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 in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 Texas Register 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.