



**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**

JOHN PAUL SCHWARTZ, DO

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-19-2358-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

DECEMBER 27, 2018

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "We are maintaining our position that this line item was submitted to the carrier in a timely manner. Our appeal was filed with the carrier less than 95 days from the date of the original denial. Further, the carrier was unable to provide a valid written explanation for the denial. Our requested claim appeal was denied for timely filing with no valid explanation, instead of being reconsidered for processing as requested."

**Amount in Dispute:** \$95.00

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The requester submitted a bill for code 99214 that Texas Mutual received 6/8/18. Staff reviewed the bill and documentation, and concluded the documentation did not meet the CPT criteria for 99214. The requester 'corrected' the code to 99213 and submitted it on or about 9/3/18. Texas Mutual Insurance received it 9/4/18. However, this 'corrected' bill is a new bill with a new code and a new billed amount (from \$140.00 to \$95.00). As such it is untimely submitted. No payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 16, 2018	CPT Code 99213-25 Office Visit	\$95.00	\$0.00

**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. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
5. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
6. 28 Texas Administrative Code §133.250, effective March 20, 2014, sets out the medical bill processing and audit by insurance carriers procedures.
7. The services in dispute were reduced / denied by the respondent with the following claim adjustment 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 95<sup>th</sup> day after the date the service.

## **Issues**

Does the documentation support requestor's position that the disputed bills were submitted timely?

## **Findings**

1. The requestor is seeking medical fee dispute resolution for an office visit, CPT code 99213-25, rendered on May 16, 2018.
2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99213-25 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 95<sup>th</sup> day after the date the service." The respondent contends that reimbursement is not due because "The requester submitted a bill for code 99214 that Texas Mutual received 6/8/18. Staff reviewed the bill and documentation and concluded the documentation did not meet the CPT criteria for 99214. The requester 'corrected' the code to 99213 and submitted it on or about 9/3/18. Texas Mutual Insurance received it 9/4/18. However, this 'corrected' bill is a new bill with a new code and a new billed amount (from \$140.00 to \$95.00). As such it is untimely submitted. No payment is due."
3. To determine if CPT code 99213-25 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.”
4. 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 \$140.00 for CPT code 99214-25.
  - The respondent denied payment for code 99214-25 based upon the documentation did not support the level of service billed.
  - The division finds the respondent took final action and provided an explanation of benefits for CPT code 99214-25 in accordance with 28 Texas Administrative Code §133.240(a).
  - The requestor submitted a second bill with CPT code 99213-25 for \$95.00.
  - The respondent denied reimbursement for CPT code 99213-29 based upon reason “CAC-29 -The time limit for filing has expired.”
  - On the second bill, the requestor did not reference the same billing code and dollar amount from the original bill.
  - Because the code was changed from 99214-25 to 99213-25 it is considered a new bill per 28 Texas Administrative Code §133.20(g).
  - The requestor’s “Attachment 3” supports the bill for CPT code 99213-25 was sent to the respondent on September 3, 2018. The division finds this date is past the 95 day deadline from date of service May 16, 2018.
  - The division finds the requestor did not sufficiently support the bill for code 99213-25 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.

**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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

1/25/2019

***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.**