



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
DR ROBERT D. WILCOX

Respondent Name
LEWISVILLE ISD

MFDR Tracking Number
M4-20-1615-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
FEBRUARY 26, 2020

REQUESTOR'S POSITION SUMMARY

"In reference to the above mentioned patient, we submitted a claim for [Claimant] for the date of service 10/24/2019. We received an EOB with no payment stating level of service not supported. We then sent a corrected claim reducing the level of service. We received an EOB saying duplicate and time limit for filing has expired. I called...about the claim and both said that it is the policy to treat the corrected claim as the original in regards to the date for timely filing."

Amount in Dispute: \$200.00

RESPONDENT'S POSITION SUMMARY

"The original bill contained billing code 99214 for \$195.00. This service was denied because the documentation did not support this level of service. Based on the information sent with the secondary submission, the requestor agreed and did not dispute the denial of 99214. A new charge was submitted as 99213 for \$185.00. The billing code and dollar amount changed; therefore, the service was properly reviewed as a new charge. New charges must be submitted within 95 days from the date of service. We hope this resolves the dispute at hand."

Response Submitted By: ReviewMed

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 24, 2019	CPT Code 99213 Office Visit	\$200.00	\$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 (DWC).

Background

1. 28 Texas Administrative Code (TAC) §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 TAC §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
5. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
6. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - 29-The time limit for filing has expired.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Does a timely filing issue exist?
2. Is the requestor entitled to reimbursement for CPT code 99213?

Findings

1. The requestor is seeking payment of \$200.00 for an office visit (CPT 99213) rendered on October 24, 2019.

The respondent denied reimbursement for the disputed services based upon reason code “29-The time limit for filing has expired.”

The requestor contends reimbursement is due because “We received an EOB with no payment stating level of service not supported. We then sent a corrected claim reducing the level of service.”

To determine if a timely filing issue exists the DWC refers to the following statute:

- 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 TAC §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 TAC §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.”

Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed the documentation and finds:

- The date of service in dispute is October 24, 2019.
- The respondent denied reimbursement for the professional services based upon timely filing.
- The requestor initially billed for the office visit with CPT code 99214, then corrected the bill and submitted CPT code 99213.

- Per 28 TAC §133.20 a corrected bill is considered as a new bill.
- The EOB indicated the carrier received the bill on January 30, 2020.
- Per 28 TAC §102.4(h), if no other evidence available the bill was deemed to have been sent five days before date received. Five days minus date received is January 25, 2020.
- January 25, 2020 is 93 days after the date of service.
- The respondent’s position that bill was not timely filed is not supported.

2. The fee guideline for the disputed service is found at 28 TAC §134.203.

28 TAC §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.”

CPT code 99213 is described as, “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and 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 presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.”

The requestor did not submit a medical report to support billing code 99213; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	03/23/2020 Date
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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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or

personally delivered to the DWC 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 DWC. **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.