



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

CHERRY MATHEW, MD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-20-1775-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

MARCH 19, 2020

REQUESTOR'S POSITION SUMMARY

"The patient was seen by Dr. Cherry Mathew in the hospital on 8/8/2019-8/9/2019. We originally billed CPT code 99255 for DOS 8/8/2019 and received a denial stating that a consult could not be billed, an E/M code had to be billed per Medicare guidelines. After we sent in a corrected claim correcting the CPT code, we received a denial for timely filing. We were told that once we sent in a corrected claim, it became a 'new bill' and that is why it denied for timely filing. If you see the enclosed information, we originally had received the wrong information from the hospital for billing purposes. We didn't receive the correct insurance/address until 10/15/2019. Any help you can give to get tis DOS paid would be greatly appreciated."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

"Corrected bill was received 11/8/2019 changing the cpt code 99255 to 99223. Per Rule 133.20 the corrected 'new' bill was received beyond 95 days from dispute date 8/8/2019."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| August 8, 2019 | CPT Code 99223 | \$300.00 | \$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. 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 Rule 133.20(B) providers shall not submit a medical bill later than the 95th day after the date the service.

Issues

Does a timely filing issue exist? Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking payment of \$300.00 for CPT code 99223 rendered on August 8, 2019.
2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code "CAC-29-The time limit for filing has expired."
3. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:
 - 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 TAC §133.20(b) states, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation."
 - 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."
4. Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed all the documentation and finds:
 - The dates of service in dispute are August 8, 2019.
 - The requestor initially billed CPT code 99255-Inpatient Consultation. The respondent denied reimbursement for CPT code 99255 based upon billing errors.
 - The requestor changed the code from 99255 to 99223 and faxed the bill to the respondent on November 18, 2019.
 - Per 28 TAC §133.20(g) the corrected bill is a new bill.
 - CPT code 99223 was denied reimbursement based upon time limit for filing claim had expired. The bill was 102 days past the date of service.
 - The requestor did not support that the claim was submitted to the respondent within the 95 day deadline set out in Texas Labor Code §408.027(a) and 28 TAC §133.20(b).
 - The respondent's denial of payment based upon timely filing is supported.

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

| | | |
|-----------|--|------------|
| | | 05/08/2020 |
| 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 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.