



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

KHALIFA, AHMED A H

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-21-0232-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 13, 2020

REQUESTOR'S POSITION SUMMARY

"Please note from the attached proof of First Submission to the carrier that the carrier did receive the claim timely and in compliance with Rule 133.20 (b) ..."

Amount in Dispute: \$2,240.00

RESPONDENT'S POSITION SUMMARY

"The provider changed the billing DOS from 1/28/2020 to 11/15/2019, therefore the new bill is subject to timely filing Rule as noted above Rule 133.20(b)."

Response Submitted by: Texas Mutual Insurance Carrier

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2019	Designated Doctor Examination	\$2,240.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
- 28 Texas Administrative Code §133.250 sets out the requirements for reconsideration of medical bills.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12 – The time limit for filing has expired.
 - 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.

- 754 – Not a request for reconsideration; does not include same billing codes, DOS and/or dollar amounts as original bill per Rule 133.250
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issues

1. Did Ahmed Khalifa, M.D. follow billing guidelines for this service?
2. Is Dr. Khalifa entitled to reimbursement for the examination in question?

Findings

1. Dr. Khalifa is seeking reimbursement for a designated doctor examination performed on November 15, 2019. Texas Mutual Insurance Company denied the bill for the date of service in question based on timely filing.

A health care provider is required to file a medical bill within 95 days from the date of service with few exceptions.¹ Dr. Khalifa submitted a bill for the date of service in question marked as a request for reconsideration. Dr. Khalifa also included a bill for date of service January 28, 2020, labeled as “OLD BILL.”

A request for reconsideration of a medical bill is required to reference the original bill and include the same billing codes, **dates of service**, and dollar amounts as the original bill.² Texas Mutual Insurance Company submitted documentation showing receipt of a bill for a designated doctor examination performed on November 15, 2019, was received on September 15, 2020.

No evidence was submitted to indicate that a medical bill for the date of service in question was submitted prior to September 15, 2020. The DWC concludes that the bill submitted on this date is the original bill for the examination in question. This date is more than 95 days from the date of service.

2. Because Dr. Khalifa failed to demonstrate that he followed the billing process prior to requesting a medical fee dispute resolution, the DWC finds that he is not entitled to reimbursement for the examination in question.

Conclusion

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

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	December 8, 2020 Date
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¹ 28 TAC §133.20 (b)
² 28 TAC §133.250 (d)(1)

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **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.