



**TEXAS DEPARTMENT OF INSURANCE**

**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

UT HEALTH EAST TEXAS PHYSICIAN

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-21-0484-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

NOVEMBER 20, 2020

**REQUESTOR'S POSITION SUMMARY**

"We attached proof of timely filing from patient's health insurance Blue Cross. We did not have authorization because we did not know it was work comp as evidenced by the fact that Blue Cross was billed, paid, and requested their money back."

**Amount in Dispute:** \$415.00

**RESPONDENT'S POSITION SUMMARY**

"Texas Mutual on 7/31/2020 received the bill...The rationale given by the requestor for the late bill is not consistent with the Rule above, payment is not due on 11/25/2019 per DWC 26 process. No payment is due ."

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

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 25, 2019	CPT Codes 73020 & 99203	\$319.00	\$0.00
December 9, 2019	CPT Code 99212	\$96.00	\$0.00
TOTAL		\$415.00	\$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**

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- Texas Labor Code (TLC) §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.

3. TLC §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
4. 28 TAC §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
5. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
6. 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 95<sup>th</sup> 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.
  - CAC-P12 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.
  - CAC-243-Service not authorized by network/primary care providers.
  - DC4-No additional reimbursement allowed after reconsideration.
  - D27-Provider not approved to treat Workwell, TX network claimant.
  - 926-Request for reimbursement was previously submitted by another entity. Refer to rule 140.8(l)
  - 929-Not submitted timely per rule 133.20(B). Not later than 95<sup>th</sup> day after the date HCP is notified erroneous submission of the medical bill.

**Issues**

Is the requestor entitled to reimbursement for services rendered on November 25 and December 9, 2019?

**Findings**

1. The requestor is seeking payment of \$415.00 for CPT codes 73020 and 99203 rendered on November 25, 2019, and 99212 on December 9, 2019.
2. The respondent denied reimbursement for the disputed services based upon “D27-Provider not approved to treat Workwell, TX network claimant,” and “CAC-243-Service not authorized by network/primary care providers.” The respondent did not submit any documentation to support the disputed services are related to a network claim. DWC records do not support this is a network claim; therefore, the network issue will not be considered further.
3. The respondent also denied reimbursement for the disputed services based upon “CAC-29-The time limit for filing has expired.”
4. 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.”
  - TLC §408.0272(b)(1)(A-C) states, “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider’s right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers’ compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title”
  - TLC §408.0272(c)(1) states, “Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider’s right to reimbursement for that claim if the provider fails to submit the claim to the correct workers’ compensation insurance carrier within 95 days after the date the provider is notified of the provider’s erroneous submission of the claim.”

- 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 §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.”
5. 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 November 25 and December 9, 2019.
  - The respondent submitted a copy of a letter dated April 6, 2020 from Blue Cross Blue Shield, (BCBS), requesting reimbursement for services they paid (DWC26 process).
  - The respondent submitted an EOB dated April 15, 2020 that shows payment of \$32.76 was issued to BCBS.
  - Both parties agree that the requestor erroneously billed BCBS.
  - Based upon the submitted documentation, the requestor meets exception for timely filing outlined in TLC §408.0272(b)(1)(A).
  - Once the requestor is notified of the erroneous billing, the requestor has 95 days to timely file the bill with the correct carrier.
  - The requestor did not submit documentation to support when they were notified of erroneous billing.
  - The requestor did not support that the claim was submitted to the respondent within the 95 day deadline after they were notified of correct carrier set out in TLC §408.0272(c)(1).
  - 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**

\_\_\_\_\_  
Signature

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

12/14/2020  
\_\_\_\_\_  
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.**