

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ahmed Khalifa

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-22-0408-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

November 1, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2021	95886	\$375.44	\$0.00
January 13, 2021	95911	\$414.93	\$0.00
<b>Total</b>		<b>\$790.37</b>	<b>\$0.00</b>

### Requestor's Position

Please see the Commissioner's Bulletin #B-0010-20 outlining exception timely filing due to catastrophic event of CXOVID outbreak causing this report to be submitted outside the normal timeline.

**Amount in Dispute:** \$790.37

### Respondent's Position

Texas Mutual on 8/2/2021 received a bill from Ahmed Khalifa, MD. ...On January 29, 2021 Commissioner's Bulletin # B-0004-21 lifted the tolling of medical billing deadlines effective 3/1/2021, this means the provider had 95 days to submit the medical bill from 3/1/2021 to be considered timely. 95 days from 3/1/21 is 6/4/21. No payment is due.

**Response Submitted by:** Texas Mutual

### Findings and Decision

## Authority

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

## Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.

## Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – the time limit for filing has expired
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

## Issues

1. Did the requestor support timely submission of medical claim?

## Findings

1. The requestor is seeking reimbursement for professional medical services. The insurance carrier states the claim was not submitted within timely filing guidelines.  
DWC Rule 28 TAC §133.20 (b) states in pertinent part, (b) 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.  
Texas Labor Code 408.0272. (b) states in pertinent part,  
(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.  
The requestor has claimed an exception to the timely filing requirement under Texas Labor Code 408.0272 (2). The Commissioner issued Bulletin # B-0004-21 that superseded the emergency declaration of Bulletin #B-0010-20. The tolling or 95 day filing requirement began

again on March 1, 2021. The requestor had 95 days from this date to submit the claim. The respondent indicates the claim was received on August 2, 2021. This date is beyond 95 days of March 1, 2021. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	December 9, 2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).