



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

AHMED KHALIFA

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-22-0414-01

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
November 19, 2020	CPT Code 99204	\$304.66	\$0.00
	CPT Code 95886	\$375.44	\$0.00
	CPT Code 95911	\$414.93	\$0.00
Total		\$1095.03	\$0.00

Requestor's Position

"Please see the Commissioner's Bulletin #B-0010-20 outlining exception timely filing due to Castastrophic [sic] Event of COVID outbreak causing this report to be submitted outside of normal timeline. Please Reconsider payment."

Amount in Dispute: \$1095.03

Respondent's Position

"The provider submitted the Commissioners Bulletin #B-0010-20 dated 3/25/2020 indicating the exception to timely filing due to catastrophic event. 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 3/1/201 is 6/4/2021 ... No payment is due.”

Response Submitted by: Texas Mutual Insurance Company

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 TAC §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.
4. 28 Texas Administrative Code §102.4 sets out rules for non-commission communications.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-138 – Appeal procedures not followed or time limits not met
- CAC-29 – The time limit for filing has expired
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95th day after the date the service
- 879 – Rule 133.250(B), health care provider shall submit the request for reconsideration no later than 10 months from the date of service

Issues

1. Does an exemption to the 95-day filing requirement exist?
2. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in November 2020. The insurance carrier denied the disputed service as timely filing requirements not met.

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:

- (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; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider

The requestor states exception timely filing due to catastrophic [sic] event. The DWC Commissioner issued Bulletin # B-0004-21 on January 29, 2021, that states in pertinent part, "the tolling of medical billing deadlines will be lifted effective March 1, 2021." Review of the submitted documentation found the insurance carrier received the claim on August 2, 2021, after the resumption of the 95-day filing deadline. The requestor's statement is not supported.

2. DWC Rule §102.4 (h) and (1) and (2) 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.

Review of the submitted documentation provided is not defined as described above.

The insurance carrier's denial is supported. 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 requester 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



Signature



Medical Fee Dispute Resolution
Officer

November 29, 2021

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. 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.

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.