

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-22-0433-01

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
February 22, 2021	Designated Doctor Examination (99456-W5-WP)	\$350.00	\$0.00
	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$0.00
	Designated Doctor Examination (99456-MI)	\$50.00	\$0.00
Total		\$900.00	\$0.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED ... PLEASE SEE THE COMMISSIONER'S BULLETIN #B-0010-20 OUTLINING EXCEPTION TIMELY FILING DUE TO CASTASTROPHIC EVENT OF COVID OUTBREAK CAUSING THIS REPORT TO BE SUBMITTED OUTSIDE OF NORMAL TIMELINE. PLEASE RECONSIDER PAYMENT.

Amount in Dispute: \$900.00

Respondent's Position

Texas Mutual on 8/10/2021 received a bill from Ahmed Khalifa, MD. Texas Mutual reviewed the documentation submitted and determined the bill was received untimely. Proof of timely filing was not submitted. 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 3/1/2021 is 6/4/2021.

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 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. Texas Labor Code Sec. 408.0272 provides exceptions to the medical bill filing deadline.

Denial Reasons

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

- 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.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- Notes: "DOCUMENTATION SUBMITTED STATES ORIGINAL BILL SENT/RECEIVED BY CARRIER 5/14/21. ORIGINAL BILL #17315411 WAS NOT RECEIVED ON 5/14/21 WAS RECEIVED ON 8/10/21."

Issues

1. Is Ahmed Khalifa, M.D. entitled to additional reimbursement?

Findings

1. Dr. Khalifa is seeking reimbursement for a designated doctor examination performed on February 22, 2021. Texas Mutual Insurance Company denied payment based on timely filing.

Per 28 TAC §133.20 (b), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided, with few exceptions. TLC §408.0272 (b) allows billing after 95 days if the requestor provides sufficient evidence that:

- it submitted a bill by mistake to:
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determined that a catastrophic event substantially interfered with the normal business operations of the provider.

Dr. Khalifa argued that Commissioner’s Bulletin # B-0010-20 provided an exception to the requirements of 28 TAC §133.20 (b) for the disputed date of service in question.

On March 25, 2020, Commissioner Brown issued Bulletin # B-0010-20, effective March 13, 2020, which tolled the 95-day deadline. This pause was lifted on January 29, 2021 by Bulletin # B-0004-21, effective March 1, 2021.

Texas Mutual Insurance Carrier stated it received an initial bill on or about August 10, 2021. This is more than 95 days after the commissioner’s exception was lifted. While documentation supports that Dr. Khalifa submitted the designated doctor report to the insurance carrier on or about May 14, 2021, the provider failed to provide any evidence to support that a bill was submitted to the insurance carrier timely.

DWC finds that Dr. Khalifa is not entitled to reimbursement for the examination in question.

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

Signature

Medical Fee Dispute Resolution Officer

December 20, 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.