



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

STAT Diagnostics

Respondent Name

Texas A&M University System

MFDR Tracking Number

M4-22-0892-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

January 13, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 6, 2021	CPT Code 73721	\$5,900.00	\$0.00
Total		\$5,900.00	\$0.00

Requestor's Position

"This claim was originally submitted to carrier on 07/19/2021. Carrier submitted a letter indicating they needed additional information. So, the claim was time stamped by carrier within the 95 days. This claim was denied in error. Please process the fee dispute and submit claims for payment."

Amount in Dispute: \$5,900.00

Respondent's Position

"The initial bill was received by TAMUS on 07/12/2021 billing for date of service 7/6/2020 for CPT code 73721 total charge \$5900.00 X 2 units. Required Box # 17a...and 24j were missing...A corrected complete bill was then received by

TAMUS on 12/15/2021...the original billing received had been changed thus making this a new bill."

Response Submitted By: CareWorks

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. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
3. 28 TAC §133.20 sets out the rule for medical bill submission.

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.

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Issues

1. Is TAMUS' denial based on untimely bill submission supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$5,900.00 for CPT code 73721 rendered on July 6, 2021.
2. The respondent denied reimbursement for the disputed services based upon "29-The time limit for filing has expired."
3. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:
 - TLC §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.”

- 28 TAC §133.240(a) states, “An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill.”
- 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 §133.20(g) states, “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”

4. Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed all the documentation and finds:
 - The requestor initially submitted a bill on July 12, 2021.
 - The respondent notified the requestor on July 19, 2021 that the bill was missing required information.
 - The requestor corrected and resubmitted the bill on December 14, 2021. This date is beyond the 95-day deadline.
 - The requestor did not support that the claim was submitted to the respondent within the 95-day deadline set out in Texas Labor Code §408.027(a) and 28 TAC §133.20(b).
 - The respondent’s denial of payment based upon timely filing is supported.

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

		01/31/2022
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. 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 electronico CompConnection@tdi.texas.gov.