

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MICHAEL V ADAIR

Respondent Name

CAROLINA CASUALTY INSURANCE CO

MFDR Tracking Number

M4-22-1028-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 31, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 16, 2021	Code 98940-GP	\$50.45	\$0.00
	Total	\$50.45	\$0.00

Requestor's Position

""The above date of service was denied due to 'mutually exclusive procedures cannto be done in the same day/setting, and time limit for filing has expired'. This is INCORRECT. We have sent two recons for this bill and were given the same response and then time limit has expired. I have attached proof of timely filing with copies of the original HCFA'S We ask that you kindly pay this claim in fill."

Amount in Dispute: \$50.45

Respondent's Position

The Austin carrier representative for Carolina Casualty Insurance is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on February 08, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- 90563 – Original payment decision is being maintained upon review, it was determined that this claim was processed properly
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- 29 – The time limit for filing has expired
- 4271 – Per TX Labor Code Sec 408.027, Providers must submit bills to payors within 95 day of the date of service

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

1. The requestor is seeking \$50.45 for Code 98940-GP rendered February 16, 2021. The insurance carrier denied disputed service based on timely filing deadline not met. The requestor states they submitted evidence of timely submission.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the submitted documentation does not support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute.

For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided. The insurance carrier's denial is supported. Therefore, no reimbursement is due.

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.

Authorized Signature



Signature



Medical Fee Dispute Resolution
Officer

April 26, 2022

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.