

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

BSA PHYSICIANS GRP

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-22-1730-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

April 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 11, 2021 to June 13, 2021	Code 99223 and 99233	\$2,695.00	\$0.00
June 14, 2021	Code 99233		
June 15, 2021 to June 20, 2021	Code 99232 and 99233		
June 21, 2021 to June 22, 2021	Code 99232 and 99239		
Total		\$2,695.00	\$0.00

Requestor's Position

"Please find attached a copy of all medical bills that have previously been submitted to Texas Mutual for dates of service 6/11 – 06/22/2021 along with a copy of all the supporting medical records. These have previously been denied for timely filing and they have been appealed and denied again. We do not get to see the patients in person and only get the information that they provide at the time of service. This patient did not provide documentation that this was a work relate injury or any work comp information and these dates had been being billed to him."

Amount in Dispute: \$2,695.00

Respondent's Position

"First notice of loss was made on 7/1/21. Texas Mutual reached out to the provider on 7/8/21 requesting medical records. This request included the injured workers identifying information as well as the claim number. BSA responded on 7/16/21 with the requested medical records as well as discharge instructions on 7/14/21. 95 days from 7/1/21 carrier notification date is 10/4/21, the provider submitted the bill to Texas Mutual on 11/30/21, therefore the bill is considered untimely per Rule 133.20."

Response Submitted by: Texas Mutual Workers Compensation Insurance

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 §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:

- 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-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-193 – Original payment devising is being maintained. Upon review it was determined that this claim was processed properly
- DC4 – No additional reimbursement allowed after reconsideration for information call (888) – 832-5248
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272) notification of erroneous submission not included
- 929 – Not submitted timely per Rule 133.20(B) not later than 95th after the at HCP is notified of erroneous submission of the medical bill

Issues

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

Findings

1. The requestor is seeking \$2,695.00 for Codes 99233, 99233 99232 and 99239 rendered June 11, 2021 to June 22, 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) 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." No documentation was found to 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

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.

Authorized Signature



Signature

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Medical Fee Dispute Resolution
Officer

April 25, 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.