

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EMERGENCHEALTH LLC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-22-2467-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

July 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 11, 2021	Codes 01392-QZ, 36620, 76937-26 59, 43753-59 and 99140	\$1,009.30	\$0.00
Total		\$1,009.30	\$0.00

Requestor's Position

Please find attached a completed DWC form 60 for the above listed patient and date of service. The carrier denied payment of our claim stating timely filing deadline not met.

Amount in Dispute: \$1,009.30

Respondent's Position

Research of the claim file has determined the facility was made aware that Texas Mutual was the carrier per adjuster notification on 9/20/21. Furthermore, the facility submitted documentation to Texas Mutual on 9/22/21, in this documentation the facility included the patient demographic facesheet that includes Texas Mutual as the carrier. The facility had 95 days to submit the bill from notification date of 9/20/21, and Texas Mutual didn't receive the bill until 2/24/22.

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 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 reduced or 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 decision is being maintained; upon review it was determined that this claim was processed properly
- CAC-29 – the time limit for filing has expired
- DC4- No additional reimbursement allowed after reconsideration. For information call (888) 532-5246
- 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
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272) Notification of erroneous submission no included

Issues

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

Findings

The requestor is seeking \$1,009.30 for Codes 01392-QZ, 36620, 76937-26 59, 43753-59 and 99140 rendered September 11, 2021. The insurance carrier denied disputed service based on timely filing deadline not met.

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."

- Documentation provided supports the health care provider in dispute submitted the medical bills in dispute to the correct workers comp carrier
- Documentation provided supports notification of medical bills dated January 18, 2022
- Documentation provided supports notification of explanation of benefits dated February 14, 2022 and April 28, 2022

For that reason, the requestor did not meet the 95day requirement.

Therefore, no reimbursement is not 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 requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

[Redacted Signature]

[Redacted Name]

September 30, 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 electrónico CompConnection@tdi.texas.gov.