

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Texas Health Care PLLC

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-22-2484-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 26, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 27, 2021	99218-57	\$162.00	\$0.00
July 27, 2021	26951-F6	\$1409.00	\$0.00
July 27, 2021	26951-F7	\$1409.00	\$0.00
<b>Total</b>		<b>\$2980.000</b>	<b>\$0.00</b>

### Requestor's Position

"I am writing this letter to you to dispute the denial of the claim on this patient. I have filed the claim and got a denial saying it was past timely filing."

**Amount in Dispute:** \$2,980.00

### Respondent's Position

"Upon review of the claim file it was found that the emergency facility that the employee received surgery at on date of injury recorded the employee's insurance information as Texas Mutual Insurance. The health care provider that rendered the services to the employee on date of injury had access to that information as they treated at the same facility."

**Response Submitted by:** Texas Mutual

## 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. 28 TAC §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.

### 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
- 731 – Per 233.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date of service
- 18 – Exact duplicate claim/service

### Issues

1. Did the requestor support timely submission of medical claim?

### Findings

1. The requestor is seeking reimbursement for professional services rendered in July 2021 at an emergency setting. The insurance carrier denied the medical claim as past timely filing requirement of ninety-five days. The requestor states they were unaware of the worker's compensation claim until the injured worker contacted them in November 2021.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, 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.

Texas Labor Code 408.0272. (b) states in pertinent part, notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the statements sent to the injured worker from the requestor do not meet the exceptions listed in the above rules. No payment can be recommended.

### 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**

_____	_____	August 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).