



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Pain Consultants, PLLC

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-0217-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 11, 2022	Ambulatory Surgery Services (ASC)	\$3,680.31	\$0.00

Requestor's Position

Medical bill for mentioned date of service was submitted to Texas Mutual Worker's Compensation and has been denied for timely filing limit not met. However the claim was initially billed electronically within timely filing limit on 01/12/2022 however it was rejected stating Referring provider license number required for Texas. Later we faxed out the bill twice to the correct fax number however for some reason the bill was not received the first instance which was sent on 03/11/2022 and it was later received on the second instance on 05/05/2022.

Amount in Dispute: \$3,680.31

Respondent's Position

Texas Mutual on 1/12/2022 received an incomplete bill from TEXAS PAIN CONSULTANTS PLLC.

Texas Mutual returned the bill to TEXAS PAIN CONSULTANTS PLLC with an explanation regarding the requirement for submitting a complete bill and notification of timely filing requirement.

Texas Mutual on 5/5/2022 received a complete bill from TEXAS PAIN CONSULTANTS PLLC. ... The rationale given by the requestor for the late bill is not consistent with the Rule above.

Response Submitted by: Texas Mutual Insurance Company

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 §133.10 sets out the requirements for a complete medical bill.
2. 28 TAC §133.20 sets out the the procedures for medical bill submission.
3. 28 TAC §133.200 sets out the procedures for receipt of medical bills by the insurance carrier.
4. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-29 – The time limit for filing has expired.
- 725 – Approved non network provider for Texas Star Network claimant per rule 1305.153 (c).
- 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date of service.
- CAC-193 – Original payment decision is being maintaind. Upon review, it was determined that this claim was processed properly.
- 724 – No additional payment after a reconsideration of services.

Issues

1. Is Texas Mutual Insurance Company's denial based on timely filing supported?

Findings

1. Texas Pain Consultants, PLLC is seeking reimbursement for ASC services performed on January 11, 2022.

With few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days from the date of service.

Documentation indicating an electronic submission of the medical bill to the insurance carrier on or about January 12, 2022, was reviewed. This documentation supports that the insurance carrier returned the bill as incomplete on or about January 12, 2022, stating "277 PAYER REJECTION REPORT REFERRING PROVIDER STATE LICENSE NUMBER REQUIRED FOR TX. Referring Provider: Acknowledgment/Rejected for Missing Information-The claim/encounter is missing the information specified in the Status details and has been rejected: Entity's state license number."

28 TAC §133.10 provides the requirements for a complete medical bill. The requirement in 28 TAC §133.10 (f)(1)(K) includes "referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17..."

DWC finds that the medical bill submitted on January 12, 2022, was returned as incomplete by the insurance carrier in accordance with 28 TAC §133.200.

In its position statement, Texas Pain Consultants, PLLC argued that it had faxed the medical bill to the insurance carrier on March 11, 2022. DWC found no documentation to support a submission on this date.

The health care provider stated that it submitted a second fax to the insurance carrier on May 5, 2022. Documentation from the insurance carrier supports that a medical bill for the services in question was received on May 5, 2022.

DWC finds that May 5, 2022, was the first supported submission of a complete medical bill for the services in question. This date is more than 95 days after the date of service. Texas Mutual Insurance Company's denial of payment based on timely filing is, therefore, supported. No reimbursement 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 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

Signature

Medical Fee Dispute Resolution Officer

November 4, 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.