

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Andrzej Stypko

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-23-0547 -01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2022	Code 99212	\$200.00	\$0.00
Total		\$200.00	\$0.00

Requestor's Position

Requestor did not provide a position statement.

Amount in Dispute: \$200.00

Respondent's Position

Texas Mutual has reviewed the DWC-60 submitted by ADVANCED WOUND THERAPY PLLC

Texas Mutual on 08/8/2022 received an incomplete bill from ADVANCED WOUND THERAPY PLLC

Texas Mutual returned the bill to ADVANCED WOUND THERAPY PLLC with an explanation regarding the requirements for submitting a complete bill and notification of timely filing requirement.

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 §102.4 sets out the rules for non-Commission communications.
3. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. 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

Issues

1. Did the requestor provide a position statement with the DWC-60 request submitted?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 TAC §133.307(N) states: a position statement of the disputed issue(s) that shall include:
 - (i) the requestor's reasoning for why the disputed fees should be paid or refunded,
 - (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
 - (iii) how the submitted documentation supports the requestor's position for each disputed fee issue;Review of the submitted documentation provided by the requestor finds no position statement for the disputed services.
2. 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." The DWC finds that insufficient 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.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

3. Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

Conclusion

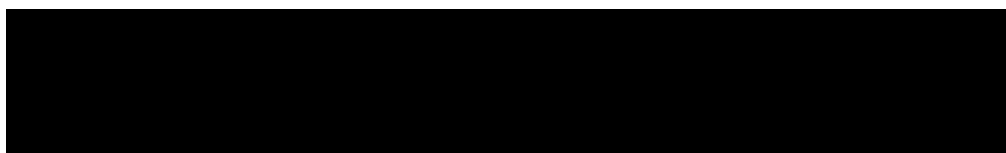
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that no 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



Signature

Medical Fee Dispute Resolution Officer

December 1, 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.