

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
KUMAR PRASANNA

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-23-0742-01

Carrier's Austin Representative
Box Number 54

DWC Date Received
November 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2021	Code 99255	\$2,516.00	\$0.00
September 30, 2021	Code 95819		
September 30, 2021	Code 99233		
October 1, 2021			
October 4, 2021			
December 27, 2021	Code 99232		

Requestor's Position

Claim for the above-mentioned patient information was denied for untimely submission and proof of timely submission was requested for reconsideration on the claim.

Upon reviewing the patient account, we found the patient insurance was updated as Self Pay (No Insurance available). After the bills were sent for collecting the outstanding charges, patient provide his Workers Compensation Policy and wanted the bills to be submitted to the Texas Workers Compensation.

Later, after submitting the bills to the payer, charges were denied for untimely submission.

Amount in Dispute: \$2,516.00

Respondent's Position

There has been no communication on the claim file from the facility to the adjuster notifying them of the issue with not receiving the claim information timely. No documentation submitted to support billing to other insurer that would support proof of timely filig elsewhere. The physician consuled on the case while inpatient, the physician could have obtained the claim information from the hospital facility.

Rule 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 ater the date the services are provided. One year from disputed date 9/29/2022. The TDI/DWC date stamp lists the received date as 11/27/2022 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR.

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission by health care provider .
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

Issues

1. What dates of services are untimely in accordance with 28 Texas Administrative Code §133.307 ?
2. Did the requestor submit date of service December 27, 2021 in accordance with Rule133.20?

3. Is the requestor entitled to additional reimbursement?

Findings

1. Review of the disputed service finds the requestor submitted a DWC-060 request for dates of service September 29, 2021; September 30, 2021; October 1, 2021; October 4, 2021 and December 27, 2021.

28 Texas Administrative Code §133.307 (c)(1) states:

Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division.

(1) Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

Dates of service September 29, 2021; September 30, 2021; October 1, 2021 and October 4, 2021 are not timely as the division received the DWC60 request on November 27, 2022 one year from the dates of service.

2. Requestor is seeking reimbursement for date of service December 27, 2021.

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.

Review of the submitted documentation provided by the requestor finds no supporting documentation that the bill for date of service December 27, 2021 was submitted in accordance with 28 TAC §133.20 (b).

- No reimbursement is due as the requestor did not timely submit the dates of service of September 29, 2021; September 30, 2021; October 1, 2021 and October 4, 2021 in accordance with 28 Texas Administrative Code §133.307 (c)(1).

No reimbursement is due for December 27, 2021 as the requestor did not submit a medical bill in accordance with 28 TAC §133.20 (b).

Conclusion

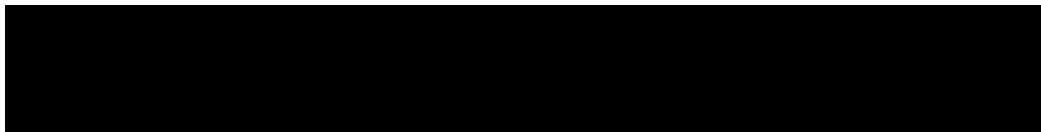
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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



Signature

Medical Fee Dispute Resolution
Officer

December 21, 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 prefieres 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.