



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Texas Mutual

MFDR Tracking Number

M4-23-1407-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

February 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 20, 2022	99283	\$1,539.00	\$0.00
Total		\$1,539.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a document titled "Reconsideration" addressed to the Texas Department of Insurance. Requests for reconsideration should be sent to the Workers' Compensation Carrier not Texas Department of Insurance. The submitted document states "Per EOB received bill denied due to untimely filing. Please note that patient was billed prior to billing workers comp. Also, bill was return to provider due to missing billing form."

Amount in Dispute: \$1,539.00

Respondent's Position

"Texas Mutual has reviewed the DWC-60 submitted by Baylor Ortho and Spine Hospital. The DWC-60 was received prematurely as the provider submitted a subsequent billing which is currently pending finalization (Invoice #000017424696) explanation of benefit will be provided once available."

Response Submitted by: Texas Mutual 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 §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 reduced or denied the payment for the disputed services with the following claim adjustment codes:

- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-138 – Appeal procedures not followed or the time limits not met.
- 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.
- 731 – Per 133.20(B) -Provider shall not submit a medical bill later than the 95th da after the date of service.
- 879 – Rule 133.250(B) – Health Care Provider shall submit the request for reconsideration no later than 10 months form the date of service.

Issues

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

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in February 2022. The insurance carrier denied as claim was not submitted timely.

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

(b) 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,

(b) 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 insufficient evidence to support an exception as described above. No payment is 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

Signature

Medical Fee Dispute Resolution Officer

May 18, 2023
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.