



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MM Clinical Group LLC

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-23-1563-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
02/07/2022	99213	\$150.00	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$150.00

Respondent's Position

"Texas Mutual on 5/20/2022 received the bill from M&M Clinical Group.

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 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 rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due.”

Response Submitted by: Texas Mutual Insurance Co.

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 Medical Fee Dispute Resolution requests.

Denial Reasons

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

- 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95th day after date of service.
- 29 – The time limit for filing has expired.
- 879 – Rule 133.250(B) Health care provider shall submit request for reconsideration no later than 10 months from the date of service.
- 138 – Appeal procedures not followed, or time limits not met.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained.
- 891 – No additional payment after reconsideration.

Issues

1. Is MM Clinical Group, LLC entitled to reimbursement for the disputed services?

Findings

1. MM Medical Group, LLC is seeking reimbursement for CPT code 99213 on date of service February 7, 2022. The medical fee dispute request form DWC060 was received on March 1, 2023. 28 Texas Administrative Code (TAC) §133.307 (c) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet

any exceptions listed in TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request was filed later than one year after the disputed date of service. Review of the submitted documents finds the disputed service does not involve any of the exceptions listed in TAC §133.307(c)(1)(B).

The division finds that MM Medical Group, LLC is not entitled to reimbursement.

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.

The division finds that \$0.00 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor, MM Medical Group, LLC is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

March 24, 2023

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. 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.tas.gov.