

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MM CLINICAL GROUP LLC

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-23-1564-01

**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
September 3, 2021	Code 99213	\$120.00	\$0.00
	<b>Total</b>	\$120.00	\$0.00

### Requestor's Position

Requestor in dispute did not provide a position statement with DWC-060 request.

**Amount in Dispute:** \$120.00

### Respondent's Position

"Per Commission Rule 133.307(d) Texas Mutual Insurance Company submits the following statement in reference to the dispute of service from 09/03/2021 to 09/03/2021.

Texas Mutual has reviewed the DWC-60 submitted by M&M CLINICAL GROUP.

M&M Clinical Group did not provide a position statement for the disputed issue(s) per Rule 133.307(N) which 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.."

**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 §133.20 sets out the medical bill submission procedures for health care providers.
3. 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-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 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
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service
- 879 – Rule 133.250(B) Health care provider shall not submit the request for reconsideration no later than 10 months from the date of service
- 891 – No additional payment after reconsideration
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272) Notification of erroneous submission no included

### Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

### Findings

The requestor is seeking \$120.00 for Code 99213 rendered September 03, 2021. The insurance carrier denied disputed service based on timely filing deadline not met (see denial reasons listed above).

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."

Review of the submitted documentation provided does not support the medical bill in dispute meets the requirements of 28 TAC §133.20.

- Form 1500 dated October 10, 2022
- Explanation of benefits date of audit December 22, 2022

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.

### Conclusion

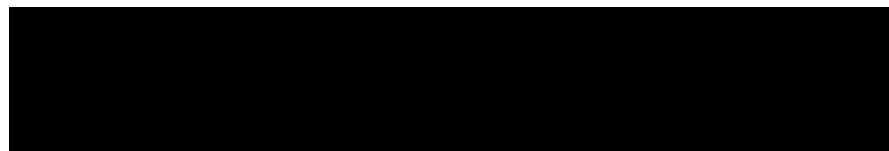
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$0.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement of \$0.00 for the disputed services.

### **Authorized Signature**



March 31, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).