



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Hartford Casualty Insurance Co.

**MFDR Tracking Number**

M4-23-1967-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

April 10, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
5/18/2021	97799-CP	\$150.00	\$0.00
05/22/2021	97799-CP	\$450.00	\$0.00
	<b>Total</b>	\$600.00	\$0.00

### Requestor's Position

"...The initial submission for the attached claim pertaining to the above dates of service was initially faxed on June 9, 2021, at 12:08pm. The Communication Result Report clearly indicates 5 pages were sent successfully (Result OK). Our initial bill submission for dates of service 5/18/21 and 5/22/21, were faxed within the 95 day timely filing period for claim submissions. Hartford Insurance claims they never received the initial claim even though there is proof of the faxed claim submission. A second attempt was made to show proof of our initial fax submission (see attached), but the Carrier responded with a second denial for

payment. An attempt to resolve this issue was made by showing proof of the original fax confirmation to bill review, but the Carrier continues to deny our bill..."

**Amount in Dispute:** \$600.00

### **Respondent's Position**

"...We reviewed the bill and documentation submitted for the above claim date of service and find that the original bill ... was processed incorrectly. The original bill was denied as past timely filing. Proof of timely filing is attached to this dispute. The bill was reprocessed and denied as unrelated per the PLN11 on file which states the claimant is suffering from an intervening medical condition that is not covered under this claim. See PLN11 attached... "

**Response Submitted by:** Hartford Casualty 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:

- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payers within 95 days of the date of service.
- 133 – The disposition of this claim/service is pending further review.
- PPRJ – Paid without prejudice.

#### Issues

1. Has Nueva Vida Behavioral Health waived its right to medical fee dispute resolution?

#### Findings

1. Nueva Vida Behavioral Health is seeking reimbursement for CPT code 97799-CP on dates of service May 18, 2021, and May 22, 2021. The medical fee dispute request form DWC060 was received on April 10, 2023.

28 Texas Administrative Code (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) 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 for MFDR was filed later than one year after the disputed dates of service. Review of the submitted documents, from both parties, finds the disputed services do not involve any of the exceptions listed in TAC§133.307(c)(1)(B).

In accordance with TAC§133.307(c)(1)(B), the division finds that Nueva Vida Behavioral Health 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 the requester has not established that reimbursement is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor, Nueva Vida Behavioral Health, is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature:**

May 10, 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.tas.gov](mailto:CompConnection@tdi.tas.gov).