



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Alice Cost Containment

Respondent Name

Arch Indemnity Insurance Co.

MFDR Tracking Number

M4-23-3322-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2022	99213-25	\$250.00	\$0.00
August 23, 2022	11042-59	\$150.00	\$0.00
		\$400.00	\$0.00

Requestor's Position

"We submitted the bill October 21, 2022, to the carrier... Gallagher Bassett audited the bill on October 13, 2022. We then received an EOB on November 15, 2022, with explanation codes '6273- after review of the bill and the medical record, the service is best described by 99213,' and '90168- payment adjusted because the payer deemed the information submitted does not support this level of service,' also, '90403- service not furnished directly to the patient and/or not documented.' A corrected claim was sent in on December 29, 2022, which changed 99214 to 99213. The EOB for the corrected claim was received on February 23, 2023, and reviewed it once more as previously paid. Denial codes are as follows: '86KI 0- a payment or denial has already

been recommended for this service. 90202- previously paid.' It also reviewed the office visit again as level 4 instead of the corrected code- 99213."

Amount in Dispute: \$400.00

Respondent's Position

The Austin carrier representative for Arch Indemnity Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 7, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response Submitted by: N/A

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. [Texas Labor Code §408.0272](#) sets out requirements for the timely submission of medical bills.
3. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.

Denial Reasons

- 150 - PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 112 - SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.
- 6273 - AFTER REVIEW OF THE BILL AND THE MEDICAL RECORD, THIS SERVICE IS BEST DESCRIBED BY 99213.
- 252 - THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR SERVICES PERFORMED BY A LICENSED NON-PHYSICIAN PRACTITIONER.
- B13 - PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
- 247 - A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE

Issues

1. Has the requestor forfeited its right to reimbursement for the services in dispute rendered on August 23, 2022?

Findings

1. The requestor is seeking reimbursement for disputed CPT codes 99213-25 and 11042-59 rendered on date of service (DOS) August 23, 2022.

A review of submitted documentation finds the following:

- The original medical bill for DOS August 23, 2022, charged for CPT codes 99214-25, 99080-73, and 11042-59, in the amount of \$415.00.
- Per explanation of benefits (EOB) dated October 13, 2022, the insurance carrier paid in full for CPT code 99080-73 but denied the other two codes for denial reasons listed above.
- On December 29, 2022, the requestor submitted another medical bill charging the same dollar amount as the original bill. However, the second medical bill submission charged for CPT codes 99213-25, 99080-73, and 11042-59. The requestor labeled the second bill as "Request for Reconsideration – Corrected Claim."
- 28 TAC 133.250 states in pertinent part, "(d) A written request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill;..."
- Because one of the CPT codes on the second medical bill is a different code than on the original bill, DWC finds that the second medical bill submission is a new bill.
- All charges on the new medical bill were denied reimbursement by the insurance carrier for denial reasons listed above.

Per Texas Labor Code (TLC) Sec. §408.027, "PAYMENT OF HEALTH CARE PROVIDER. (a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §133.20 sets out requirements of timely medical bill submission, 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. 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.”

Texas Labor Code §408.0272(b) which sets out certain exceptions for untimely submission of a claim, states “(b) Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(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; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.”

The division finds no documentation to support that any of the exceptions to the 95 day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

The services in dispute have a date of service August 23, 2022, per the medical bills submitted. Ninety-five days from the date of service was November 26, 2022. Review of the submitted documentation finds that the requestor sent the new medical bill to the insurance carrier on December 29, 2022, more than 95 days from the date of service.

In accordance with Texas Labor Code Sec. §408.027, DWC finds that the requestor has forfeited its right to reimbursement of the services in dispute rendered on August 23, 2022.

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 requestor has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 17, 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.