



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jay Chavda

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-1603-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 21, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2023	Physical Therapy	\$750.00	\$0.00
October 31, 2023	Physical Therapy	\$300.00	\$0.00
December 20, 2023	Physical Therapy	\$750.00	\$0.00
Total		\$1800.00	\$0.00

Requestor's Position

As per Texas mutual bill was denied due to bill was not submitted to the payer in timely manner. So we are submitting the bill with the attached timely filing proof with the attached medical records. Please review the documents with Claims and process for payment."

Amount in Dispute: \$1800.00

Respondent's Position

"Texas Mutual on 11/29/2023 received the bill for date of service 08/09/2023, at 112 days from date of service. Texas Mutual on 02/09/2024 received the bill for date of service 10/31/2023, at 101 days from dates of service from ADVANCED MEDICAL ASSOCIATES INC. Date of service 12/20/2023 did not deny untimely, rather, it denied with message modifier 890 which states "Denied per AMA CPT code description for level of service and/or nature of presenting problems", as the documentation submitted did not support 2 of the 3 key components for that

CPT code. ...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

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 requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 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 day after the date the service.
- 890 – Denied per AMA CPT code description for level of service and/or nature of presenting problems.
- CAC-150 – Payer deems the information submitted does not support this level of service.

Issues

1. Did the requestor support timely submission of medical claim?
2. Is the insurance carrier’s denial of date of service December 20, 2023 supported?

Findings

1. The requestor is seeking reimbursement of professional medical services for dates of service August 9, 2023 and October 31, 2023.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

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 in support of their timely submission of date of service August 9, 2023 the requestor submitted a document dated March 21, 2024, with TriZetto Provider Solutions showing a claim number, billing number and insured ID for a claim submission on August 16, 2023 for Procedure Code 99215, the medical bill submitted with the request for MFDR and the explanation of benefits from Texas Mutual indicates Service Code 99214. This document does not support the timely submission of Code 99214.

For date of service October 31, 2023, the requestor submitted documentation from TriZetto Provider Solutions that indicates a claim number, billing number and insured ID for a claim submission of November 8, 2023. The submitted Procedure Code is 99215.

Both of these codes were denied by Texas Mutual for untimely submission. As shown above, DWC Rule 28 TAC §102.4 (h) states in pertinent part, "Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on (1) the date received if sent by fax, personal delivery, or electronic transmission."

DWC finds there is insufficient information to support the disputed medical bills were sent electronically to Texas Mutual and that Texas Mutual was the carrier that received the medical bills within 95 days or that an exception described above exists. The insurance carrier's denial for dates of service August 9, 2023 and October 31, 2023 is supported. No payment is recommended.

2. The insurance carrier denied date of service December 20, 2023 for Code 99215 as the information submitted does not support this level of service.
 - CPT Code 99215 is defined as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, **40** minutes must be met or exceeded.."
 - The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/system/files/2019-06/cptoffice-prolonged-svs-code-changes.pdf>.

In summary, CPT 99215, documentation must contain a high level of decision making.

- An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet
- A review of the submitted medical documentation found total time was not indicated.
 - The medical decision making was low as the number and complexity of problems address was low;
 - The amount and/or complexity of data to be reviewed and analyzed was minimal.
 - Risk of complications and/or morbidity or mortality of patient management was low.

For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99215.

DWC finds that the insurance carrier's denial reason is supported and as a result, the requestor is not entitled to reimbursement for CPT code 99215 rendered on December 2, 2023.

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 entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

_____	_____	April 16, 2024
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.texas.gov.