



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health System

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-2593-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

July 24, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2023	Clinic Visit	\$241.72	\$0.00
Total		\$241.72	\$0.00

Requestor's Position

"Corrected bill was recognized as an original and denied for timely filing."

Amount in Dispute: \$241.72

Respondent's Position

"Corrections to a bill is not considered an appeal or request for reconsideration per Rule noted above, therefore corrections to a bill is considered a new bill and subject to timely filing guidelines."

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 the requirements for claim 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

- 714 – P12 – Accurate coding is essential for reimbursement CPT billed in correctly services are not reimbursable as billed.
- CAC-P12 – Workers compensation jurisdictional fee schedule adjustment.
- 714 – Accurate license, CPT/HCPCS, NDC #, dates, units, days' supply, modifiers are required. Submit corrections w/l 95 days from DOS.
- 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.

Issues

1. Are the insurance carrier's denials supported?

Findings

1. The requestor is seeking reimbursement of an outpatient clinic visit on date of service September 20, 2023. Review of the submitted documentation found the original claim was submitted with HCPCS code 99212. This medical bill was denied on October 24, 2023 as code not being valid.

The requestor submitted a request for reconsideration on February 5, 2024, identified as a "corrected bill" which contained code G0463. The insurance carrier denied the bill marked as "corrected bill" with a creation date of July 24, 2024 as past timely filing.

DWC Rule 28 TAC §134.403 (d) states, "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided..."

Review of the applicable AMA coding guidelines found for date of service September 20, 2023 the following code instructions.

G0463 – Hospital outpatient clinic visit for assessment and management of a patient. "OPPS" hospitals are to report this code in place of CPT codes 99202-99205 and 99211-99215 for clinic visits. **Effective January 1 2014.** Based on the above, the code used on the corrected bill was not valid on the disputed date of service.

Additionally, DWC Rule 28 TAC §102.4 (h) states, 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.

As stated above the disputed code was submitted to the insurance carrier on February 5, 2024, was identified as a corrected bill and contained a new code.

This date was past the 95-day timely filing requirement. The DWC finds there is insufficient information to support an exception described above to the corrected bill. The insurance carrier's denial for claim submitted past 95 day filing limit is supported.

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 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

Signature

Medical Fee Dispute Resolution Officer

August 29, 2024

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.