TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Nueva Vida Behavioral Health

Respondent Name
National Casualty Co

MFDR Tracking Number
M4-25-1754-01

Carrier's Austin Representative
Box Number 6

DWC Date Received
April 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 18, 2024	99213-25	$200.00	$0.00
	Total	$200.00	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated February 28, 2025 that states, "I spoke to Katelynn on 12/13/2024 @ 262-771-0271 who states there was no bill on file: Katelynn asked to refax to correct fax #866-662-0908. I then resubmitted the bill on 12/13/2024. On 1/30, 2025, I spoke to Terry @ 262-771-0271 who states they was no bill on file; Terry asked me to refax again to the fax #866-662-0908. With both submissions I stamped all documents with "Not a Duplicate and 2nd Submission", including fax confirmations for initial and second submission."

Amount in Dispute: $200.00

Respondent's Position

"The carrier received the provider's initial medical bill on January 30, 2025. Accordingly, the provider failed to timely submit its medical bill to the carrier pursuant to § 408.127 of the Texas Labor Code. Secondly, the services exceeded the ODG and thus, required preauthorization…"

Response Submitted by: Flahive, Ogden & Latson

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).

Statues 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.

- 29 – The time limit for filing has expired.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on the re-evaluation, we find our original review to be correct. No additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5528 – Unauthorized treatment denied.
- 5089 – Adj – Preauthorization required but not requested.

Issues

1. Did the respondent support services exceed ODG guidelines?
2. Did the requestor support timely submission of medical claim?

Findings

1. The respondent dates in their response to MFDR, "…Secondly, the services exceeded the ODG and thus, required preauthorization." DWC Rule 28 Texas Administrative Code §133.240 (q) states, in relevant part, "When denying payment due to an adverse determination under this section, the insurance carrier shall comply with the requirements of §19.2009 of this title ... Additionally, in any instance where the insurance carrier is questioning the medical necessity or appropriateness of the health care services, the insurance carrier shall comply with the requirements of §19.2010 of this title …, including the requirement that prior to issuance of an adverse determination the insurance carrier shall afford the health care provider a reasonable opportunity to discuss the billed health care with a doctor ..." Submitted documentation does not support that the insurance carrier followed the appropriate procedures for a retrospective review denial of the disputed services outlined in §19.2003 (b)(31) or §133.240 (q). Therefore, the insurance carrier did not appropriately raise medical necessity for this dispute and this denial reason will not be considered in this review

2. The requestor is seeking reimbursement of professional medical services rendered in October of 2024. The insurance carrier denied for lack of authorization and timely filing.

   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 the following.

- Documentation of fax to 1-866-662-0847 on October 22, 2024. (3 pages)
- Excerpt from reconsideration states, …12/13/2024 …there was no bill on file
- Documentation of fax to 1-866-662-0908 on December 13, 2024. (4 pages)
- Documentation of fax to 1-866-662-0908 on January 30, 2025 (5 pages)
- Explanation of benefits dated February 2, 2025 indicates "Carrier Rcvd Date" 01/30/2025
- Documentation of fax to 1-866-662-0908 on February 28, 2025 (8 pages)
- Explanation of benefits dated March 12, 2025 indicates "Carrier Rcvd Date" 02/28/2025

DWC finds the greater weight of evidence supports the claim was transmitted via fax to correct workers' compensation carrier on January 30, 2025 and February 28, 2025. Both of these submissions were acknowledged by the insurance carrier but denied for the claim not submitted timely. Both dates are past the 95 day filing deadline explained above. Insufficient evidence was found to support an exception. Based on this review, the insurance carrier's denial is supported. No payment is recommended.

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

		April 30, 2025
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 electronico CompConnection@tdi.texas.gov.