



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MEMORIAL MRI & DIAGNOSTICS

Respondent Name

NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

MFDR Tracking Number

M4-12-0416-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

October 7, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Claim was submitted electronically through P2P Link our clearing house. I have attached proof of timely filing for your review. Claim was received on 01/10/2011."

Amount in Dispute: \$590.13

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the original bills that carrier received from Requestor were not received until 06/29/2011. . . . There is no corresponding proof to show that the bills were sent to the proper carrier. The 'payer information' indicates ESIS. This is not the correct carrier for this claim. . . . After Carrier's receipt of the original billing submission on 6/29/2011, the bill and medical records were sent to the Carrier's bill review for processing. . . Coventry denied the bill citing Reason Code 29 . . . 'Time limit for filing has expired. Based on fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed. \$0.00'."

Response Submitted by: Law Offices of Brian J. Judis

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 28, 2010, Procedure Codes 72275, 77003, 99214, Q9967, 94760, 99499, \$590.13, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.

4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative
 - (509) – CORRECT CODING INITIATIVE BUNDLE GUIDELINES INDICATE THIS CODE IS A COMPREHENSIVE COMPONENT OF ANOTHER CODE ON THE SAME DAY AS CODE 64483
 - 29 – The time limit for filing has expired.
 - (855-079) – THE TIME LIMIT FOR FILING HAS EXPIRED \$0.00
 - W1 – Workers compensation jurisdictional fee schedule adjustment. Note: if adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Class of Contract Code Identification Segment (Loop 2100 Other Claim Related Information
 - (855-002) – RECOMMENDED ALLOWANCE IS IN ACCORDANCE WITH WORKERS COMPENSATION MEDICAL FEE GUIDELINES \$400.00
 - (900-031) PROVIDER DOES NOT PARTICIPATE IN THE TX WC HCN

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “THE TIME LIMIT FOR FILING HAS EXPIRED.”; and (855-079) – “THE TIME LIMIT FOR FILING HAS EXPIRED \$0.00.” 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “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) provides that:

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.

No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the health care provider was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

2. Texas Labor Code §408.027(a) states that “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.” Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

	Grayson Richardson	October 16, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of this *Medical Fee Dispute Resolution Findings and Decision*, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.