Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY IMAGING CENTER
PO BOX 29490
SAN ANTONIO TX 78229-0490

Respondent Name
Arch Insurance Company

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-12-0455-01

MFDR Date Received
October 11, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally filed bills wit Bunch & Associates on as this is what was provided at the time of service. It was not until 02/17/2011 that we were provided Work Comp insurance from [redacted] with [redacted]. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed a Work Comp or Commercial insurance."

Amount in Dispute: $560.73

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The EOBs raise the issue of timely filing. Under Sec. 408.027(a), health care providers (HCPs) have 95 days from the date of service to submit a medical bill to the insurance carrier. This time frame applies to medical services provided on and after September 1, 2005. HCPs who fail to meet this deadline forfeit their right to reimbursement."

Response Submitted by: Flahive Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 12, 2010	Professional Services	$560.73	$560.73

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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 a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
3. Labor Code SEC. 408.0272 sets out exceptions for untimely submission of claims.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED

- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT

Issues

1. Did the requestor submit proof that claim was submitted timely once the correct insurance carrier was discovered?
2. What is the applicable rule to determine Maximum Reimbursement Allowable (MAR)?
3. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the service in disputed as, 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED". The Labor Code, SEC. 408.0272(b)(1) states in pertinent part, "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 … that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: …(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title…" The requestor submitted documentation to support filing of claim submitted to carrier(Bunch & Associates) given at time of the injured worker's admission and subsequent filing to correct carrier (Avizent) within 95 days of becoming aware of correct carrier. The carrier's denial is not supported. Therefore, this service will be reviewed per applicable rules and fee guidelines.
2. 28 Texas Administrative Code §134.203(c) is the applicable division fee schedule for calculation of the maximum allowable reimbursement for the service in dispute. For services in 2010, the maximum allowable reimbursement = (TDI-DWC Conversion Factor / Medicare CONV FACT) x Non-Facility Price or: (54.32 / 36.8729) x $457.06 = $673.33. This is the total allowed amount. The carrier paid $0.00. The requestor is seeking $560.73. This amount is recommended.
3. Review of the submitted documentation supports the requestor has met exception granted by the Labor Code SEC. 408.0272(b)(1).

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $560.73.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $560.73 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 19, 2014 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 MDR 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 the *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.