



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Chronic Pain Recovery Center

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-13-0823-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

November 29, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In both the Requestor's "Request for Timely Filing Exemption" and "Request for Reconsideration" letters the Requestor sought an exemption a timely filing exemption pursuant to TEX. LAB. CODE §408.0272. Such exceptions are allowed under this Labor Code when charges are errantly submitted the incorrect workers' compensation carrier. "

Amount in Dispute: \$19,562.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "When the requestor initially billed Texas Mutual, the requestor did not submit copies of the original bills it submitted to Gallagher Bassett Service as required. With its requests for reconsideration the requestor did not submit copies of the bills it submitted to Gallagher Bassett. And with its request for medical fee dispute resolution the requestor did not the original bills it submitted to Gallagher Bassett. No payment is due."

Response Submitted by: Texas Mutual Insurance Co

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 30 – December 13, 2011 January 10 – 31, 2012	97799 CP, CA	\$19,562.50	\$0.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - 731 – Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service for services on or after 9/1/05

- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Did the requestor support exception to rule?
2. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the claim with 731 – “Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service for services on or after 9/1/05.” 28 Texas Labor Code §133.20(b) states in pertinent part a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied.” Review of the submitted documentation finds the following;
 - a. Prior authorization for services from Texas Mutual
 - b. Patient ledger under name charges where entered
 - c. Claims for charges entered under patient name administered by Gallagher Bassett
 - d. Explanation of benefits from Gallagher Basset
 - e. Claims for services to Texas Mutual
 - f. Explanation of benefits from Texas Mutual

There is no documentation to support when and how notification made to provider of medical services of incorrect carrier. The carrier’s denial is supported.

2. The documentation does not support an exception to the 95 day claim filing time limit exists. No additional reimbursement can be recommended.

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

Signature

Medical Fee Dispute Resolution Officer

Date

May , 2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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