



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

LENOLA FIRE COMPANY EMERGENCY UNIT

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-13-2950-01

Carrier's Austin Representative Box

Box Number 54

MFDR Date Received

July 1, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Texas Mutual's request for our License number has the License number appearing on their EOB with an Audit date of December 11, 2012. We do not understand why the claim has been denied for timely when the information was provided in a timely fashion."

Amount in Dispute: \$659.20

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual received the billing on 11/30/12, a date past the 95 days prescribed by Rule 133.20. The requestor has not provided any rationale for the lateness of the bill. Absent such, Texas Mutual declined to issue payment."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 21, 2012	Ambulance Services	\$659.20	\$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.3 sets out general rules regarding computation of time.
3. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
4. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. 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
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT

THIS CLAIM WAS PROCESSED PROPERLY.

- 724 – NO ADDITIONAL REIMBURSEMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. Did the health care provider timely submit the medical bill to the insurance carrier?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of New Jersey to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED"; and 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 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.

The date of service is August 21, 2012. The ninety-fifth day after the date of service was Saturday, November 24, 2012. Per 28 Texas Administrative Code §102.3(a)(3), "unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day." As November 24th was not a working day, the period was extended by rule to Monday, November 26, 2012. Review of the submitted information finds that the requestor's position statement acknowledges submitting the complete medical bill on November 28, 2012. This date is outside the period allowed for timely submission of a medical bill.

The requestor states that "This Workmen Compensation claim was originally submitted on 09/11/12 and again on 11/28/12 with the second submission including our License # as requested." However, neither party submitted documentation to support submission or receipt of the medical bill prior to November 28. No documentation was found of any explanation of benefits, fax, claim rejection letter, or other correspondence to support that the medical bill was originally submitted within the period prescribed by rule.

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. The Division therefore concludes that the requestor has not met the requirements of §133.20(b).

3. 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 the health care provider submitted the medical bill to the insurance carrier within the period allowed by rule. Consequently, the requestor has forfeited the right to reimbursement for the disputed services due to untimely submission of the medical bill.

Conclusion

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

ORDER

Based on 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	April 17, 2015
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 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 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*** along 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

Health care providers may verify workers' compensation insurance coverage and contact information from our website at www.tdi.texas.gov/wc/employer/coverage.html or for additional assistance please call the TDI-DWC Insurance Coverage section at **800-372-7713**.