



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

SOUTH TEXAS RADIOLOGY GROUP

Respondent Name

AMERICAN GUARANTEE & LIABILITY

MFDR Tracking Number

M4-14-0368-01

Carrier's Austin Representative

BOX NUMBER: 19

MFDR Date Received

SEPTEMBER 27, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally sent our bills to United Healthcare Insurance on the patient as this is what was provided at the time of service. We then received a phone call from Zurich adjuster Gary. He requested that we submit our claim to Zurich and provided Zurich workers comp claim information. We mailed our claim to Zurich. Our claim denied Past Filing Deadline. Our request for reconsideration was partially paid. Per 28 TAC 133.20 we have 95 days to submit a claim once we became aware of new insurance information if we have previously billed a Work Comp or Commercial insurance."

Amount in Dispute: \$124.46

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This medical dispute concerns reimbursement for x-rays that were taken on January 14, 2013. The requestor billed \$272.00 for the service in dispute, and submits it is entitled to reimbursement in the amount of \$124.46. The carrier submits the requestor is not entitled to reimbursement for the services in question. The requestor did not timely submit the disputed bills to the carrier, and did not provide sufficient proof establishing the bill was timely submitted to another entity as outlined in Section 408.0272 of the Texas Labor Code."

Response Submitted By: FLAHIVE, OGDEN & LATSON

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount In Dispute	Amount Due
January 14, 2013	Professional/Technical Services	\$124.46	\$124.45

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 health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.

5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.

Issues

1. 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?
3. Is requestor due reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, 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. 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 documentation submitted by the requestor finds that convincing documentation was found to support that the bills were submitted timely.
2. Texas Labor Code §408.027(a) states, in pertinent part, 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.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall 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 via 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 shall be the next previous day which is not a Sunday or legal holiday.” Review of the submitted information finds documentation, in the form of a fax confirmation sheet, to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has not forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.
3. In accordance with 28 Texas Administrative Code §134.203(c)(1) and (c)(2) payment is as follows:
 - CPT Code 71260 $(55.30 \div 34.023) \times \$246.39 = \$400.48$. The requestor is seeking reimbursement of \$94.90; therefore, reimbursement in the amount of \$94.90 is recommended.
 - CPT Code 73560 $(55.30 \div 34.023) \times 29.85 = \48.51 . The requestor is seeking reimbursement of \$14.78; therefore, reimbursement in the amount of \$14.78 is recommended.
 - CPT Code 73560-26-76 $(55.30 \div 34.023) \times 9.09 = \14.77 . The requestor is seeking reimbursement of \$14.78; therefore, reimbursement in the amount of \$14.77 is recommended.

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 \$124.45.

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 \$124.45 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

November 21, 2014
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 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.