



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

Vital Care of Vernon

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-14-2072-01

Carrier's Austin Representative Box

Box Number 54

MFDR Date Received

March 11, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I contacted Texas Mutual at 1-512-224-7911 on 3/5/13 to verify coverage and benefits for [the injured employee]. I spoke with Diane T. (Certificate # 1750652) and was told [the injured employee] was an old claim and payment would be 100% of WC Fee guidelines. I ask Diane T. if she could verify two codes to ensure they were billable and reimbursable. The codes were S9502 and J2543. I was told she didn't know what codes I could bill. I was given the name of his Case Worker/Adjuster, Ginger Craven (512) 224-7911 ext 7911 to contact if there were any additional questions.

On good faith we accepted [the injured employee] and provided him with Zosyn 3.375 GM Q8H. I mailed claims with a copy of the doctor order on 4/29/2013 and called TX Mutual on 5/31/13 to check status of the claim because it had been over 30 days since the claim was mailed and I had not received any response. Per Jessie, the claims were received on 5/1/2013 , were still in process and could take up to 45 days...

On 6/10/2013 I received the denials stating information requested from the billing provider was not provider or insufficient and no payment was made. I spoke with Sylvia of Texas Mutual and explained to her I had gotten a denial and needed to know what to do to get the claim paid. She stated they did not use S codes for billing but A codes. While talking with her she said I had 95 days from date of service to appeal a claim. At this point the claim is over 95 days.

I submitted a corrected claim with A4223 (Administration Supply Kits) and received a denial for timely filing. I then, appealed the claims and received yet another denial for timely filing.

...

I am requesting reconsideration of payment for these claims. We filed the claim within the 95 day timely filing rule and did not receive the claims back from Texas Mutual with sufficient time to correct and resubmit claims for payment before the timely filing expired. We have utilized the appropriate procedures to achieve the reprocessing of these claims and have not been approved. Please process the claims for payment."

Amount in Dispute: \$5327.26

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 3/6/2013 to 3/28/2013.

VITAL CARE OF VERNON provided services to the claimant on 3/6/13-3/13/13 and then billed Texas Mutual code S9502. Texas Mutual received this bill 5/1/13. Because this code is Medicare invalid Texas Mutual denied payment. VITAL CARE submitted a new bill with a different code, a valid Medicare code, which Texas Mutual received 10/31/14. This bill submission is beyond the 95 days prescribed by Rule 133.20.

VITAL CARE repeated this scenario again for dates 3/14/13 – 3/21/13 and 3/22/13 – 3/28/13. These new bills are untimely as well...

No payment is due.”

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 6, 2013 – March 28, 2013	Infusion supplies for external pump (A4223)	\$5327.26	\$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 §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.
5. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
6. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-29 – The time limit for filing has expired.
 - 731 – Per 133.20 providers shall not submit a medical bill later than the 95th day after the service. For services on or after 9/1/05.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891 – No additional payment after reconsideration.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor file the disputed services in a within 95 days after the services were provided?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 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.” 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 requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. The requestor argues that the bill for the disputed services should be considered timely because they submitted a bill for non-payable CPT code S9502 within the required 95-day time frame and submission of billing with the corrected CPT code A4223 was an appeal. 28 Texas Administrative Code §133.250 (d) states, “A written request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.” Review of the submitted documentation finds that the corrected claims included different billing codes and dollar amounts. Therefore, these are considered new bills. Documentation does not support that these new bills were submitted within 95 days after the services were provided.
3. 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 no documentation 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 has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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

Laurie Garnes

Medical Fee Dispute Resolution Officer

March 30, 2015

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.