



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

ADVANTAGE TOXICOLOGY MGMT LLC

Respondent Name

INDEMNITY INSURANCE CO

MFDR Tracking Number

M4-14-2188-01

Carrier's Austin Representative

Box Number: 15

MFDR Date Received

MARCH 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...On January 5, 2013 Advantage Toxicology Management, LLC contracted with a licensed third party medical billing/consulting company located in Phoenix, Arizona (hereafter referred to as 'Billers '). Billers claimed to conduct business as professional medical billers/consultants with expertise in Workers' Compensation claims from medical services provided in the states of Texas, California and Arizona... In early May of 2013, our company became suspicious of the Billers medical billing practices. Advantage Toxicology Management, LLC had not received accurate bookkeeping/accounting reports detailing any 'original billing dates' of submitted bills, and mail correspondence from Texas insurance carriers was limited... On May 20, 2013, Advantage Toxicology Management, LLC confronted the Billers with the findings of the audit/investigation at a meeting held at Billers main office in Phoenix, Arizona. Advantage Toxicology Management, LLC's position is Billers excuses/explanations were unable to sufficiently communicate any value driven reasoning as 'how or why' any of these medical billing errors had occurred on all original bills submitted by the Billers. Billers admitted negligence and agreed to end the Medical Billing Agreement. On May 20th, 2013 Advantage Toxicology Management, LLC was forced to halt all medical billing due to the Billers admitted negligence. This catastrophic event substantially interfered with Advantage Toxicology Management, LLC's normal business operations... After reading our position statement detailed above, we graciously request the attached bill to be exempt from the statute §133.20 in chapter 133, subchapter B of the Texas Administrative Code, and processed accordingly..."

Amount in Dispute: \$1,837.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please allow this to serve as our response for the above captioned medical fee dispute resolution. Our position remains the same 'Based on the fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed."

Response Submitted by: BROADSPIRE

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 18, 2013	Professional Services	\$1,837.70	\$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 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:
 - 663-022 – Based on fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed.
 - B4 – Late filing penalty.
 - 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
 - 648-099 – Texas bill reconsideration.
 - 887-005 – The time for filing has expired.
 - 900 – Based on further review, no additional allowance is warranted.
 - W1 – Workers' compensation jurisdictional fee schedule adjustment.
 - W3 – The benefit for this service is included in the allowance for another service performed same day.

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?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, "except as provided in Texas Labor Code §408.0272(b), (c) and (d), 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 no convincing documentation 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. 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 in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

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 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	December 10, 2014 Date
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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.