



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

ORTHOTEXAS PHYSICIANS AND SURGEONS

Respondent Name

ACIG INSURANCE CO

MFDR Tracking Number

M4-14-2547-01

Carrier's Austin Representative

BOX NUMBER: 47

MFDR Date Received

APRIL 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Reconsideration Letter: "On this date of service, you denied the charges as not timely filed. We file our claims electronically. Workcomp EDI is our clearinghouse. The report will show the day we billed the claim, and the day your office confirmed receiving the claim. I have included I the reconsideration the report from our clearing house proving timely filing for your review. Per the clearing house report DOS 10/28/2013 was billed 11/20/2013 and confirmed accepted by you on 11/22/2013 which shows that these [sic] claim was process [sic] within the 95 days of timely format."

Amount in Dispute: \$229.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The document titled 'Claim History Ortho Texas Physicians & Surgeons, PLLC, and with Availity logo, indicates that a submission was made to and accepted by the HCP's clearinghouse however it additionally indicates that this was a 'WorkComp EDI Drop To Paper' payer bill. The distinction being an acceptance to the HCP's clearinghouse and not the carrier's. As such, there is no confirmation that carrier received the bill as a timely submission."

Response Submitted By: CORVEL

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount In Dispute	Amount Due
October 28, 2013	Professional Services Work Status Report	\$229.00	\$179.97

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. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional services.
7. 28 Texas Administrative Code §129.5 sets out the procedures and reimbursement guidelines for Work Status Reports.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time limit for filing claim/bill has expired.
 - RM2 – Time limit for filing claim has expired.
 - 193 – Original payment decision maintained..
 - W3 – Appeal/Reconsideration.

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, “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 a copy of the Availity report showing that on 11/22/2013 a print claim was mailed to the payer by Availity's printing partner. Therefore, convincing documentation was found to support that the bill was 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 §134.204(b)(1) and (c)(1) reimbursement is recommended as follows:
 - CPT Code 99213: $(55.30 \div 34.023) \times \$69.61 = \$113.14$
 - CPT Code 73140: $(55.30 \div 34.023) \times \$31.49 = \$51.83$

In accordance with 28 Texas Administrative Code §129.5(i)(1) reimbursement is recommended as follows:

- CPT Code 99080-73: \$15.00

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 \$179.97.

