



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

FBH of San Antonio

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-14-3647-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

August 13, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: : "The Hospital's records reflect that the patient was an emergency transfer from Santa Rosa, where she presented to the emergency room in need of an intrathecal pump exchange and experiencing pain in her left shoulder. The Hospital verified the patient's workers' compensation coverage, and requested authorization. Subsequently, the Hospital's bill was denied for timely filing.

The Hospital billed Texas Mutual as soon the Hospital was able. The coding department at the Hospital had not completed the bill until April 10, 2014. Had the Hospital attempted to bill Texas Mutual prior to the coding being finished, it would have been inefficient and a waste of time for all of the parties involved. The Texas Labor Code provides an exception to the timely filing requirement in Section 408.0272(b)(2). The Code states that a catastrophic event that substantially interfered with the normal business operations of the provider does not prevent the provider from reimbursement from the workers' compensation carrier due to billing past the 95 day requirement. We believe that the coding department still working on the bill during the expiration of the 95 day deadline qualifies as a catastrophic event. After the coding department released the bill, the Hospital billed Texas Mutual as soon as reasonably possible."

Amount in Dispute: \$79,944.69

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "While intriguing, Texas Mutual found the rationale wanting, wanting to know why for an outpatient procedure with only 2 diagnoses on the bill and 2 procedures listed on the bill, it took a coding department 99 days to code the bill and submit it to Texas Mutual. Further, review of the Commissioner Bulletins fails to substantiate the requestor's claim as to a catastrophic event. Certainly, it may be a catastrophe for the requestor yet has not been recognized as such by the Commissioner.

No payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 31, 2013 – January 1, 2014	Inpatient Hospital Stay	\$79,944.60	\$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. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
5. 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 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
 - 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 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 Labor Code §408.0272(b), (c) or (d), 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)(2) states that a provider does not forfeit the right to reimbursement if "**the commissioner determines** that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider" [emphasis added]. While the requestor maintains that they "believe that the coding department still working on the bill during the expiration of the 95 day deadline qualifies as a catastrophic event," there is no documentation submitted to support that this has been recognized by the commissioner as a catastrophic event. Therefore, the Division finds that the exceptions described in Texas Labor Code §408.0272 do not apply to the services in this dispute. For that reason, the requestor 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." 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 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 Signatures

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

Date

Signature

Martha Luévano
Medical Fee Dispute Resolution Manager

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.