



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

Leon Tom, DC

Respondent Name

WC Solutions

MFDR Tracking Number

M4-15-0008-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

September 2, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "All proofs are in the paperwork attached.

It has been faxed now 4X and on time.

Original date of service was 1/25/2014 faxed to your company on 2/4/2014 & 2/5/2014

4/29 Patty Star stated she can not find bill. Refaxed again (713) 462-2928.

7/21 Spoke to Jenny who said again she could not find the claim. She gave an additional fax number and it was refaxed again. Can we please get this taken care of? Amount owes \$350.00."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see Attachment 1, this is the DWC069 report that was faxed on 2/4/14 to the correct fax number. As indicated by the fax stamp, the 6 page fax did not include the CMS-1500 billing. The Transmission Verification Report dated 2/5/14 submitted by the requester reflects the fax did not go through to 18306932129, which is neither Edwards Claims Administration nor Starr Comprehensive Solutions fax number. As such, there has been no evidence that supports that the bill was submitted within 95 days from the date the service. The burden is on the provider to submit the bill to the correct fax number. The fax number to Edwards Claims Administration was known by the provider as the DWC069 was successfully faxed.

Please see Attachment 2, this is the first receipt of the CMS-1500 billing for date of service 1/25/14. Please note the fax stamp shows the carrier received on 7/21/14.

Starr Comprehensive Solutions, Inc. maintains the position that the requester is not entitled to reimbursement as the CMS1500 was not submitted within the 95 day deadline."

Response Submitted by: Starr Comprehensive Solutions, Inc., PO Box 801464, Houston, TX 77280

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 25, 2014	Designated Doctor's Examination	\$350.00	\$0

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 (b) explains the 95-day deadline for filing medical bills.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - 29 – Per rule 133.20(b), 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.
 - Provider faxed the Report and DWC-69 to the correct fax number on 02/04/14. The first receipt of the medical bill was on 07/21/14. The fax number, as indicated on your fax cover sheet, is incorrect. (830-693-2129) The provider had the correct fax number as evidenced by the report received on 02/04/14. Also the fax number for Starr Comprehensive Solutions, as shown on your cover sheet is incorrect.

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) states, "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..." A review of the submitted documentation fails 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."

The preponderance of evidence available fails to support that a medical bill was successfully 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.

While all evidence may not have been discussed, it was considered.

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

January 2, 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.