



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

EUGENE HEIMAN

Respondent Name

GRAPHIC ARTS MUTUAL INSURANCE

MFDR Tracking Number

M4-15-1919-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

February 24, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "THE ABOVE PATIENT WAS SEEN IN THE OFFICE ON DOS 04/09/2012 FOR A WORK RELATED INJURY. PRIOR TO SCHEDULING THE PATIENT FOR THE FIRST EVALUATION, I SPOKE TO THE ADJUSTER AND VERIFIED THE CLAIMS ADDRESS, DISCUSSED COMPENSABLE INJURIES, AND CONFIRMED THAT WE INDEED HAS REASONABLE AND NECESSARY TO EVALUATE AND XRAY THIS PATIENT. ONCE TH EXAM WAS COMPLETED, THE CLAIM WAS GENERATED AND SUBMITTED ELECTRONICALLY THE VERY NEXT DAY (07/10/2012). THE CLAIM WAS NEVER PROCESSED. WHEN I RESUBMITTED, THE CLAIM WAS REPEATEDLY DENIED AS A DUPLICATE AND TIMELY FILING. I DID FILE THIS CLAIM ON TIME. THE CLAIM SHOWED, I RESUBMITTED AS A RECONSIDERATION VIA MAIL. EVERYTIME I SENT SOMETHING TO THE ADDRESS THE ADJUSTER PROVIDED, IT CAME BACK AS UNDELIVERABLE."

Amount in Dispute: \$539.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This will acknowledge the receipt of your notice dated March 3, 2015 for Medical Fee Dispute Resolution filed by the provider listed above regarding charges for date of service July 30, 2012, July 9, 2012 and July 11, 2012.

Utica National respectively requests these requests be dismissed as this is a WCHCN claim and MDFR is not the proper venue, the provider failed to timely submit their original bill or requests for reconsideration and finally, the provider failed to request MFDR within one year from the dates of service in question. The medical bills in question were first received by Utica on July 22, 2013. They were denied for untimely filing in accordance with DWC Rule 133.20(b). The requests for reconsiderations were not received until August 12, 2013, which is untimely by DWC Rule 133.250."

Response Submitted by: Utica National Insurance Group

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 09, 2012	CPT Code 99205, 99080, 73610, 73100 and 72100	\$539.00	\$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. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 18 – Exact Duplicate Claim/service
 - 224 – Duplicate charge

Issue

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?
3. Did the requestor waive the right to medical fee dispute resolution?

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. 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 documentation finds a fax cover sheet dated July 11, 2012 from "The Woodlands Sports Medicine" however; the fax cover sheet does not support where the fax was sent to. Documentation does not 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.
3. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is July 09, 2012. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on February 24, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

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 services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

3/26/15
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.