



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

STONE OAK SURGERY CENTER, LLC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-15-2056-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

MARCH 9, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "it is our position that this claim should be paid as the delay in submission was not something in our control, as the facility. As indicated in our original submission of the claim, the doctor's office was in transition and could not provide us with operative notes for timely claim submission. On initial submission of the claim on 11/17/14, a note was sent to the carrier respectfully requesting an exception due to issued involving Dr. Alvarado's office relocation and staffing unable to access dictation templates during this transition."

Amount in Dispute: \$104,943.36

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The rationale given by the requestor for the late bill is not consistent with the Rule above. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. It lists various ambulatory surgical care services for July 29, 2014, with amounts ranging from \$150.00 to \$27,500.00.

July 29, 2014	Ambulatory Surgical Care Services For CPT Code 99070	\$2,143.36	\$0.00
TOTAL		\$104,943.36	\$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. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedure for healthcare providers submitting medical bills.
4. 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-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - 891-No additional payment after reconsideration.

Issues

1. Did the requestor support position that the disputed bill was submitted timely?
2. Does the disputed bill meet exception for filing untimely? Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason codes "CAC-29-The time limit for filing has expired," and "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."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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."

The disputed date of service is July 29, 2014. A review of the submitted documentation indicates that the requestor sent the medical bill on November 17, 2014. The Division finds that the submission date is 111 days from the date of service. The Division concludes that the disputed medical bill was not sent timely per Texas Labor Code §408.027(a).

2. Texas Labor Code §408.0272(b)(1) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor wrote "the delay in submission was not something in our control, as the facility. As indicated in our original submission of the claim, the doctor's office was in transition and could not provide us with operative notes for timely claim submission."

The Division finds that the requestor's rationale for the delay in submission is not an exception to timely filing outlined in Texas Labor Code §408.0272(b)(1). As a result, reimbursement is not recommended.

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

Medical Fee Dispute Resolution Officer

12/04/2015
Date

Signature

Health Care Business Management Director

12/04/2015
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.