



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

NORTHWEST TEXAS HEALTHCARE SYSTEM

Respondent Name

AMERISURE INSURANCE CO

MFDR Tracking Number

M4-15-2190-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 18, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please be advised that our office represents NORTHWEST TEXAS HOSPITAL, in connection with the above reference matter. Please direct any correspondence or communication regarding this account through our office.

This letter is supplemental to Part V of the attached form DWC-60, and will serve as NORTHWEST TEXAS HOSPITAL's "Requestor's Rationale for Increased Reimbursement or Refund." This dispute originated with CHARTIS INSURANCE (hereinafter Carrier) denial of the above referenced claim based upon the assertion that the Claimant's presenting concerns did not constitute timely filing. Regarding this matter NORTHWEST TEXAS HOSPITAL (hereinafter Requestor) would show the following: ...

At that time, hospital staff was advised by WILLIAM DITCHING LLC (hereinafter "employer") that it had not yet reported the injury to its workers compensation carrier. The employer asked to receive the hospital's bill indicating that they would send it to the workers compensation carrier along with the report of injury."

Amount in Dispute: \$199.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We are in receipt of a medical fee dispute M4-15-2190-01 from Northwest TX Healthcare System regarding the dates of service of 2/4/14 – 2/11/14. We have respectfully reviewed this request and find there is no additional fee due.

Amerisure Mutual Insurance first received the bill for the bill in question by mail on 11/14/2014, a total of 277 days from 2/11/14. Amerisure Insurance denied payment per Rule 133.20 (a) (b) which states:

- (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section
- (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. "

Response Submitted by: Amerisure Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 04, 2014	CPT Code 97110 and 97116	\$199.38	\$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 §102.4 sets out the rules for non-Commission communications.
3. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - W3 – Additional payment made on appeal/reconsideration

Issue

1. Did the requestor forfeit the right to reimbursement for the services in dispute?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 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 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.
2. 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 February 04, 2014. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on March 18, 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

4/17/15

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.