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
ELITE HEALTH CARE FORT WORTH

Respondent Name
WC SOLUTIONS

MFDR Tracking Number
M4-15-3379-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
June 12, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Received first denial stating patient's info was not present on claims 1500 form. I have attached ORIGINAL CLAIM with the ORIGINAL CLAIM DATE showing it was in fact present on first submission. Sent in reconsideration stating the information was present and pointed out the patient's information they were requesting. Received second denial stating time limit for filing has expired. Apparently, both denials are ridiculous. All other claims have been paid in full with no discrepancies. Office visit in conjunction with work status form 73. All of this documentation was sent in for reconsideration to the carrier. Also, please research Rule 413.019, regarding interest that needs to be paid on the date of service. This is an approved case with all other claims being paid in a timely manner. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: $193.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The CPT code 97002 for the date of service 9/11/2014, 99213 and 99080-73 for the date of service 9/16/2014 were denied with the CARC reduction code of 29 and with EOB comments of : This request is not a reconsideration bill as our records do not indicate a previous audit.

29 – The documentation submitted did not provide convincing evidence to support the position that this bill was submitted timely to the Workers' Compensation carrier.

29 – Per rule 133.20(b), expect as provided in Labor Code 408.0272(b), (c) or (d), a health care provider shall nto submit a medical bill later than the 95th day after the date the services are provided.

The requestor provides the documentation that the CMS1500 for these dates of services were faxed to Broadspire on 9/19/14 and 11/14/14. Broadspire provided a letter dated 11/18/14, that stated claim can't be matched …

Please see Attachment 1, the first time that Birdville ISD c/o Edwards Claims Administration has received these CPT codes on these dates of service was on 3/18/15. In accordance with subsection (c) of the statue, the health

care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than 95th day after the date the health care provider is notified of the health care providers erroneous submission of the medical bill."

Response Submitted by: STARR COMPREHENSIVE SOLUTIONS, INC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 11, 2014 and September 16, 2014	CPT Code 97002, 99213 and 99080	$193.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 29 – The time limit for filing has expired
   - 29 – The documentation submitted did not provide convincing evidence to support the position that this bill was submitted timely to the Workers' Compensation carrier

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. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED."; and 29 – "The documentation submitted did not provide convincing evidence to support the position that this bill was submitted timely to the Workers' Compensation carrier." 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." Texas Labor Code §408.0272(b) provides that:

   > 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; or

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

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 health care provider 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 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 sufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

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

		7/17/15
Signature	Medical Fee Dispute Resolution Officer	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 MFDR 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.