



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

JTJ Marketing Inc

Respondent Name

Deep East Texas Self Insurance

MFDR Tracking Number

M4-15-3594-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

July 1, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "She went to say that anytime that you change something on the claim makes them a new claim and then considered for timely filing. I don't agree since we are billing for the same procedures so there is no major change on these claims."

Amount in Dispute: \$401.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "acceptable proof of timely filing was not submitted. Therefore, in accordance with Tex. Lab. Code App. §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute."

Response Submitted by: Injury Management Organization, Inc

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 10 – 15, 2015	Physical Therapy Services	\$401.04	\$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 health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
4. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 402 – The appropriate modifier was not utilized
 - 29 – The time limit for filing has expired
 - 18 – Exact duplicate claim/service

Issues

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?

Findings

1. This dispute involves physical therapy claims for dates of service, January 10, 2015, January 13, 2015 and January 15, 2015. The insurance carrier initially denied the services using denial code 402 – “The appropriate modifier was not utilized.” The health care provider submitted a corrected bill adding the required modifiers. The date this correction was made was April 30, 2015. The carrier denied these corrected claims as 29 – “The time limit for filing has expired.”

28 Texas Administrative Code §133.20(b) states, in pertinent part, that, “except as provided in Texas Labor Code §408.0272(b)(c) and (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied... (g) Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier. Review of the documentation submitted by the requestor finds that a new bill was submitted on April 30, 2015. However, this new bill did not meet any of the exceptions described in Texas Labor Code §408.0272. For that reason, the requirement of submitting the medical bill no later than 95 days after the date the disputed services were provided was not met.

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 information finds insufficient 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 in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

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	August , 2015 Date
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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, 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.