



**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**

Odessa Regional Hospital

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-16-1832-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

March 2, 2016

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I am sending proof of timely filing with the group insurance which is BCBS of TX. We filed claim to BCBS on 09/03/2014. BCBS denied claim (number assigned to claim) stating this claim should be billed to WC. On 09/18/14 we tried to contact patient's employer leaving several messages to return my call. Patient send in WC information that we needed to bill claim, but that was not until 02/25/15."

**Amount in Dispute:** \$4,711.18

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The bill was untimely."

**Response Submitted by:** Texas Mutual Insurance

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 29, 2014	Emergency Department Services	\$4,711.18	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
- 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
- Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
- 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
  - 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
  - 929 – Not submitted timely per Rule 133.20(B) – Not later than 95<sup>th</sup> day after the date HCP is notified of erroneous submission of the medical bill

### **Issues**

1. What is the timely filing deadline applicable to the medical bills 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.” 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.

The requestor states, “I am sending proof of timely filing with the group insurance which is BCBS of TX. Review of the submitted documentation finds insufficient documentation was found to support that a claim was submitted to Blue Cross Blue Shield for the date of service in dispute.

The requestor also states, “Patient send in WC information that we needed to bill claim, but that was not until 02/25/15.” 28 Texas Administrative Code §133.20(b) states in pertinent part, “...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.”

The requestor states they were notified on February 25, 2015. However, the claim was not received by the insurance carrier until July 1, 2015. The 95<sup>th</sup> day after notification would have been May 31, 2015. Therefore, the Division finds, the health care provider failed to support that the medical bill was submitted within 95 days after the date of notification. The carrier’s denial is supported.

### **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

\_\_\_\_\_  
Peggy Miller  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
March 23, 2016  
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.**