



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

GABRIEL JASSO, PHD

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-17-3736-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

AUGUST 21, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance with TDI-DWC Rule 133 and 134."

Amount in Dispute: \$225.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider alleges entitlement to reimbursement on the basis that he timely submitted the billing at issue to the Carrier. In support of that contention, the Provider submits the fax confirmation for the billing submitted by Dr. Cruz on 02-07-2017. While this confirms timely submission of Dr. Cruz's billing, it does not support timely submission of the Provider's billing for the disputed services. The change of rendering provider from Dr. Cruz to Dr. Jasso created a new bill...The first receipt by the Carrier of billing by the Provider ...is 07/07/2017 after 5:00 p.m. As this was a Friday...makes the date of receipt...Monday, 07-11-2017...As this date is 162 days after the date of service..."

Response Submitted By: Atty. William Weldon/Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 30, 2017	CPT Code 90882	\$225.00	\$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 §133.10, effective April 1, 2014 sets out the requirements for submitting a complete medical bill.
3. 28 Texas Administrative Code §133.240, effective March 20, 2014, sets out the medical bill processing and audit procedures.

4. 28 Texas Administrative Code §133.20 sets out the health care providers billing procedures.
5. 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
6. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
7. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
8. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - 29-The time limit for filing has expired.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

Issues

Does the documentation support CPT code 90882 was submitted timely? Is the requestor entitled to reimbursement for CPT code 90882?

Findings

1. The requestor is seeking reimbursement for CPT code 90882 rendered on January 30, 2017.
2. To determine if CPT code 99082 is eligible for reimbursement the division refers to the following statute:
 - 28 Texas Administrative Code §133.20(f) states” Health care providers shall not resubmit medical bills to insurance carriers after the insurance carrier has taken final action on a complete medical bill and provided an explanation of benefits except in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills).”
 - 28 Texas Administrative Code §133.10(1)(Z) requires “signature of physician or supplier, the degrees or credentials, and the date (CMS-1500/field 31) is required, but the signature may be represented with a notation that the signature is on file and the typed name of the physician or supplier.”
 - 28 Texas Administrative Code §133.20(g) states “ Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”

28 Texas Administrative Code §133.20 (e)(2) states, “A medical bill must be submitted: (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.”
 - 28 Texas Administrative Code §133.240(a) states “An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation.”
 - 28 Texas Administrative Code §133.250(d) states “A written request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.”
 - 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.”
 - 28 Texas Administrative Code §102.4(h), states, “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.”
 - 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

- *Medicare Claims Processing Manual, Chapter 26-Completing and Processing Form CMS-1500 Data Set, Section 10.4, Items 14-33-Provider of Service or Supplier Information* (Rev. 3315, Issued: 08-06-15, Effective: 01-01-16, Implementation: 01-04-16), states, “**Item 31** - Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alpha-numeric date (e.g., January 1, 1998) the form was signed.”
3. Both parties to this dispute submitted documentation for consideration on why the services should or not be paid. The documentation included:
 - The disputed services were originally billed by Dr. Erwin Cruz.
 - The respondent took final action on the completed bill and provided Dr. Cruz with explanation of benefits.
 - The requestor stamped “Amended” on the bill and changed provider from Dr. Cruz to Gabriel Jasso PHD.
 - Fax Confirmation indicates bill was submitted to the insurance carrier on “07/07/2017 6:07 PM.”
 4. The division considered the above referenced statute and documentation and finds:
 - The division finds the respondent took final action after conducting bill review on a complete medical bill for CPT code 90882 from Dr. Cruz in accordance with 28 Texas Administrative Code §133.240(a).
 - Dr. Jasso’s bill is considered a new bill per 28 Texas Administrative Code §133.20(g) and (e).
 - The division finds the requestor did not sufficiently support the bill for code 90882 from Dr. Jasso was sent to Travelers Insurance in accordance with Texas Labor Code §408.027(a). The division concludes the respondent’s denial of payment based upon reason code “29” is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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	7/26/2018 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, 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.