



## 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**

TEXAS HEALTH FORT WORTH

**Respondent Name**

CITY OF FORT WORTH, SELF-INSURED

**MFDR Tracking Number**

M4-18-0336-01

**Carrier's Austin Representative**

Box Number 04

**MFDR Date Received**

October 10, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "This bill was original sent on 02/27/2017 and on 03/06/2017 we were advised form a representative that the bill was on file yet please allow more time. Please see proof of timely below."

**Amount in Dispute:** \$779.60

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill was received electronically on 4/11/2017. The bill was denied for not being filed timely as the received date was past 95 days."

**Response Submitted by:** CareWorks, Managed Care Services

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
December 20, 2016 to December 29, 2016	Outpatient Hospital Facility Services – Physical Therapy	\$779.60	\$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 §102.3 sets out rules for computation of time.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
  - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

## Issues

1. Did the health care provider fail to timely submit the medical bill to the insurance carrier?

## Findings

1. The insurance carrier denied the disputed services with claim adjustment reason code:

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.

28 Texas Administrative Code §133.20(b) requires that, except as provided in 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 §408.027(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.”

Texas Labor Code §408.0272(b) provides certain exceptions to the 95-day time limit for bill submission:

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.

28 Texas Administrative Code §102.3(a)(3) requires that, “unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day.”

Rule §102.3(b) defines working day as “any day, Monday-Friday, other than a national holiday as defined by Texas Government Code ... Use in this title of the term ‘day,’ rather than ‘working day’ shall mean a calendar day.”

No documentation was found to support any of the exceptions described in Texas Labor Code §408.0272. For that reason, the health care provider was required to submit the medical bill not later than the 95<sup>th</sup> day following the date the disputed services were provided. The service date was December 20, 2016. The 95<sup>th</sup> day following the service date was Saturday, March 25, 2017. As this date was not a working day, the period for filing was extended, pursuant to Rule §§ 102.3(a)(3) and (b), to Monday, March 27, 2017.

Review of the submitted documentation finds insufficient information to support that that a complete medical bill was sent to the correct insurance carrier by March 27<sup>th</sup>, 2017

The submitted explanations of benefits (EOBs) indicate the earliest receipt date of the medical bill to be April 11, 2017 — which is beyond the filing deadline. The requestor's printout showing evidence of a conversation with a claims representative on March 6<sup>th</sup> was found insufficient to support confirmation of receipt of a complete bill. Moreover, the bill was not submitted again electronically until March 28<sup>th</sup> — after the timely filing period.

Based on the submitted information, the division concludes the requestor has failed to support that a complete bill was submitted to the carrier within the timely filing period. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the claim, pursuant to Rule §133.20(b) and Labor Code §408.027(a).

## Conclusion

For the reasons stated above, the division finds the requestor has failed to establish that additional payment is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

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Signature	Grayson Richardson Medical Fee Dispute Resolution Officer	May 18, 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 Rule §133.307.

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 form's instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.