



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 Dallas

Respondent Name

ZNAT Insurance Co

MFDR Tracking Number

M4-18-3196-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 2, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please see attached commercial EOB from Aetna where bill was processed within a timely manner and denied for work related injury/illness and reprocess our bill for payment."

Amount in Dispute: \$2,482.35

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Pursuant to Rules 133.20(b) and Section 408.027(a), Texas Health of Dallas has forfeited the right to reimbursement due to untimely submission of the medical bills to Zenith."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: October 3, 2017, Outpatient Hospital Services, \$2,482.35, \$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 requirements of submission of medical bills by health care providers.
• 29 – Timely limit for filing has expired

Issues

- 1. Did the requestor waive their right to Medical Fee Dispute?

Findings

The requestor is seeking \$2,482.35 for outpatient hospital services rendered on October 3, 2017. The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.” 28 Texas Administrative Code §133.20 (b) states in pertinent part,

Except as provided in Labor Code §408.0272(b), (c) or (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.

Texas Labor Code §408.0272 (b) states,

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.

Based on our review the claim was originally filed to Aetna. Aetna denied the claim as work-related on October 19, 2017. The, the requestor was required to submit the medical bill within 95 days from the date of notification. The 95th day from October 19, 2017 was January 22, 2018. The carrier received the claim on January 23, 2018. The carrier’s denial is supported. No additional payment is recommended.

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 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

Signature

Peggy Miller
Medical Fee Dispute Resolution Officer

June 1, 2018
Date

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, 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. **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.