



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

Patient Care Injury Clinic

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-19-0576-01

Carrier's Austin Representative

Box 15

MFDR Date Received

October 2, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The division's commissioner issued bulletin #B-0020-17. The proclamation states that system participants who reside within the counties listed have the right for the Texas worker's compensation deadlines to be tolled through the duration of the proclamation. ...We submitted our bills and proper clinical documentation in a timely fashion."

Amount in Dispute: \$783.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment for date of service 9/20/17 has been denied as the time limit for timely filing has expired. ...Payment for date of service 11/29/17 has also been denied as the bill was not timely filed."

Response submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 20, 2017 November 29, 2017	97110, 97140, 97112, G0283 97110, 97140, 97112, G0283	\$783.14	\$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.

2. 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. 28 Texas Administrative Code §102.4 sets out general guidelines for non-commission communications.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired

Issues

1. Was the request for MFDR submitted timely?
2. Was the claim(s) submitted timely?
3. Is the insurance carrier’s denial supported for disputed date of service?

Findings

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

The respondent states, “...date of service 9/20/17... Also the time period for requesting a medical fee dispute resolution has expired for this date of service.”

Regarding date of service is September 29, 2017. The request for MFDR was received October 2, 2018, this is outside the one year requirement. However, DWC’s Bulletin # B-0020-17 states in pertinent part,

“For system participants who reside in the counties listed in the Governor’s disaster proclamation, the Texas workers’ compensation deadlines for the following procedures are tolled through the duration of the Governor’s disaster proclamation:

- Workers’ compensation claim notification and filing deadlines.
- Medical billing deadlines.
- Medical and income benefit payment deadlines
- Electronic data reporting deadlines, and
- Medical and income benefit dispute deadlines

Review of the submitted medical bill found the zip code of 77076 in Harris County which is a county covered by the proclamation. The tolled period, or time not counted towards the one year submission of the MFDR request is as follows. The date of service is September 29, 2017. Based on proclamation B-0020-17 on August 23, 2017 tolling ceased until January 10, 2018 when via proclamation B-0042-17, counting began again. The time period from September 29, 2017 until the date the request for MFDR was received or October 2, 2018 is 265 days. This is less than one year. The respondent’s position is not supported for this date of service.

2. The requestor is seeking \$391.57 for date of service September 20, 2017. The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.” The applicable DWC rules are as follows;

28 TAC §133.20 (b) states in pertinent part,

(b) 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.

Texas Labor Code 408.0272. (b) (2)

(b) 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:

- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

28 TAC §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.

As seen above per proclamation B-0020-17 on August 23, 2017 tolling ceased. Beginning January 10, 2018 via proclamation B-0042-17, counting began again.

Review of the submitted documentation found insufficient evidence from the requestor to support timely filing of the medical bill. There was evidence the carrier received the claim on June 25, 2018 via the Explanation of Benefits with a paid date of June 26, 2018. The total days from January 10, 2018 to June 25, 2018 is 166. This exceeds the 95 day filing deadline, the insurance carrier’s denial is supported.

- 3. The remaining date in dispute is November 29, 2017. The insurance carrier denied this date of service as 859 – “Reimbursement for this service/day(s) has been denied upon recommendation of the claim representative” and D58 – “Based on further review, no additional allowance is warranted” and “D58 – “Reimbursement not recommended as medical necessary/appropriateness was not substantiated per utilization review.” Review of the submitted information found on September 1, 2017 the insurance carrier certified the following, “Physical Therapy, Quantity: 12 (3x4weeks). This authorization would have ended at the end of September.

28 TAC §134.600 (p) (5) states,

Non-emergency health care requiring preauthorization includes:

- (5) physical and occupational therapy services

Insufficient evidence was found to support that preauthorization for the November 29, 2017 was received. The insurance 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	Medical Fee Dispute Resolution Officer	November 2, 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, 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.