



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ORTHOTEXAS PHYSICIANS & SURGEONS

Respondent Name

STARBUCKS CORPORATION

MFDR Tracking Number

M4-19-3221-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

February 20, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per the clearing house report 7/23/2018 was transmitted on 7/31/2018 to the carrier for processing. All these dates are within the 95 day filing deadline."

Amount in Dispute: \$369.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the medical bill was submitted more than 95 days after the date of service."

Response Submitted by: White Espey, PLLC

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: July 23, 2018, Professional Medical Services, \$369.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and 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 §102.4 establishes rules for non-Commission communications.
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:
- 892 - BILLED DATE EXCEEDS 95 DAYS FROM DATE OF SERVICE.
- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- 350 - BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- B13 - RE-EVALUATED; NO ADDITIONAL PAYMENT IS RECOMMENDED.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

## Issues

Did the requestor forfeit the right to reimbursement due to untimely submission of the medical bill?

## Findings

The insurance carrier denied disputed services with adjustment codes:

- 892 – BILLED DATE EXCEEDS 95 DAYS FROM DATE OF SERVICE.
- 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 §408.0272(b) provides certain exceptions to the 95-day time limit for medical bill submission. No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the health care provider was required to submit the medical bill not later than the 95th day following the date the disputed services were provided.

The disputed date of service is July 23, 2018. The 95<sup>th</sup> day following that date of service was Friday, October 26, 2018.

The requestor provided documentation to support that the health care provider submitted the bill to Availity, an electronic billing clearinghouse, on July 31, 2018. However, no information was provided to support that Availity is an agent of the self-insured employer or of Sedgwick Claims Management, the employer’s bill-review administrator.

A letter from Availity states further that Availity RCM:

received and transmitted the claims to our WC Vendor on July 31<sup>st</sup> 2018 and received a valid response, via a 999 file, which indicated that the file containing these claims had been received and accepted at WCEDI ... per our WC vendors review they confirmed that they did receive the file on 7/31/2018, however their system only processed the first 71 claims in the batch. After review, WCEDI found that the file contained a quotation mark on one of the claims which caused their system to stop processing the file at the position of the quotation. Unfortunately there were no rejection, failure reports or notices sent back to Availity RCM for the client.

Review of the submitted documentation finds insufficient information to establish that WCEDI is an agent of the self-insured employer or of Sedgwick, the bill-review administrator. Moreover, the submitted information fails to support whether the electronically transmitted bill was within the initial 71 claims received and processed in the batch, or whether the bill was one of the claims after the initial 71 claims that did not process due to computer error.

The requestor provided a fax confirmation report showing that the bill was successfully transmitted on November 9, 2018; however, this date is later than the 95<sup>th</sup> date following the date of service.

Based on the information submitted for review, the requestor failed to support the bill was successfully transmitted to the self-insured employer, the employer’s bill-review administrator, or any agent of the employer or Sedgwick within the 95-day time limit required by the Texas Labor Code and division rules.

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.”

Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

## 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

\_\_\_\_\_  
Grayson Richardson  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
April 12, 2019  
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. A party seeking review must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWCO45M) in accordance with the form's instructions. The division must receive the request within twenty days of your receipt of this decision. The request may be faxed, mailed or personally delivered either to the division, using the contact information listed on the form, or to the field office handling the claim.

The party seeking review must deliver a copy of the request to all parties involved in the dispute at the same time the request is filed. Include a copy of this *Medical Fee Dispute Resolution Findings and Decision* together with any other information required by 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.