



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

FIRST CHOICE EMERGENCY ROOM

Respondent Name

OLD REPUBLIC INSURANCE COMPANY

MFDR Tracking Number

M4-19-3410-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

March 11, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "the claim was submitted within the 95 day period."

Amount in Dispute: \$8,728.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel has no record of receipt of a complete medical bill for the date of service in question until 10/18/18."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: July 12, 2018, Freestanding Emergency Room Services, \$8,728.00, \$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 §133.2 defines words and terms related to medical billing.
3. 28 Texas Administrative Code §133.10 sets out the required elements for a complete medical bill.
4. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
5. 28 Texas Administrative Code §133.200 requires carriers, upon receipt, to evaluate each bill for completeness.
6. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
7. Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.
8. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 29 – Time limit for Filing Claim/Bill has Expired.
- 25 – Separate E&M Service, Same Physician
- TC – Technical Component
- 97A – Provider appeal

Issues

Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

The insurance carrier denied disputed services with adjustment code:

- 29 – Time limit for Filing Claim/Bill 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.”

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 date of service is July 12, 2018. The 95th day following the date of service was Monday, October 15, 2018.

The requestor provided a facsimile transmission confirmation report supporting that a medical bill for the disputed services was received by the insurance carrier on September 24, 2018.

Although the insurance carrier received the bill, the carrier returned the bill to the provider as “incomplete” in accordance with Rule §133.200(a)(2)(B), which requires the carrier to evaluate each bill for completeness.

Rule §133.2 (4) defines a complete medical bill as containing “all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 ... or as specified for electronic medical bills in §133.500 ... ”

The bill was submitted on paper. Rule §133.10(f) requires

All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

Rule §133.10(f)(2)(L) states that UB-04 field 14 “priority (type) of admission or visit” is required for a complete institutional medical bill.

The carrier returned the medical bill to the provider within 30 days of receipt of the medical bill, advising that the bill was being returned as incomplete, and that the facility should provide information regarding “UB-04 Box 14: Admission type. The code indicating the priority of the admission (NUBC).”

Field 14 of the medical bill submitted September 24, 2018 is empty. As division rules require the bill to include the appropriate data in field 14 to be a complete medical bill, and because this field was empty, the bill was not complete as defined in Rule §133.2 (4) regarding the required elements set out in Rule §133.10. The carrier thus made a proper return of the incomplete bill to the health care provider.

Rule §133.200(c) provides that “The proper return of an incomplete medical bill in accordance with this section fulfills the insurance carrier's obligations with regard to the incomplete bill.”

Rule §133.20(g) further provides that “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”

The submitted documentation supports the provider added the missing information to the form and resubmitted the new bill by facsimile transmission on October 18, 2018. Although the documentation supports carrier receipt of the new bill on October 18, 2018, this date is later than the 95th day following the date of service. Consequently, the new bill was submitted untimely. The insurance carrier's denial reason is thus supported.

Texas Labor Code §408.027(a) states, “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.”

Based on the information presented for review, the division concludes the requestor forfeited the right to reimbursement due to untimely submission of the complete medical bill.

Conclusion

For the reasons stated above, the division finds the requestor failed to establish 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

_____	<u>Grayson Richardson</u>	<u>April 5, 2019</u>
Signature	Medical Fee Dispute Resolution Officer	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.