



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

PARK CITIES SURGERY CENTER

Respondent Name

EAST TX EDUCATIONAL INS ASSN

MFDR Tracking Number

M4-19-3503-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

MARCH 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "At This time we are requesting that this claim paid in accordance with the 2018 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers."

Amount in Dispute: \$5,463.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The complaint pertains to charges denied based on timely filing provision. Our first receipt of this billing was on 1/29/19, which appears to have been mailed via fax. This billing was denied for timely filing as based on the date of service 8/24/18 and our receipt of this bill was at 159 days. The provider's proof of timely filing is a office ledger which indicates the bill was paper filed on 10/24/18. They also document they paper filed the bill again on 1/16/19, however our records indicate this billing was apparently faxed on 1/29/19 and was our first receipt of this bill."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include August 24, 2018 with three service entries and a TOTAL row.

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
5. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
6. 28 Texas Administrative Code §133.250, effective March 20, 2014, sets out the medical bill processing and audit by insurance carriers procedures.
7. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - 29-The time limit for filing has expired.
 - 350-Bill has been identified as a request for reconsideration or appeal.
 - 719-Per 133.20, a medical bill shall not be submitted later than the 95th day after the date the service.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

Does the documentation support requestor's position that the disputed bills were submitted timely?

Findings

1. The requestor is seeking medical fee dispute resolution for Ambulatory Surgical Care Services, (ASC), rendered on August 24, 2018.
2. According to the explanation of benefits, the respondent denied reimbursement for ASC services based upon the time limit for filing bill had expired.
3. To determine if ASC services are eligible for reimbursement the division refers to the following statute:
 - Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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."
 - 28 Texas Administrative Code §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."
4. Both parties to this dispute submitted documentation for consideration in support of their position. The

division reviewed the documentation and finds:

- The respondent denied reimbursement for CPT codes 29823, 20680, and 29999 based upon reason “29 - The time limit for filing has expired.”
- The requestor submitted reports titled “Insurance Billing History” as proof of timely filing.
- A review of the submitted documentation does not contain any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to the respondent.
- The division finds the requestor did not sufficiently support the bill for CPT codes 29823, 20680, and 29999 was sent to the insurance carrier in accordance with Texas Labor Code §408.027(a). The division concludes the respondent’s denial of payment based upon reason code “29” is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	4/11/2019
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 28 Texas Administrative Code §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 MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **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.