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
ORTHOTEXAS PHYSICIANS & SURGEONS

Respondent Name
ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number
M4-19-3542-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
March 22, 2019

Response Submitted By
No response received from insurance carrier

REQUESTOR'S POSITION SUMMARY

"Attached is everything required for consideration of this claim."

RESPONDENT'S POSITION SUMMARY

[The insurance carrier did not submit a response for consideration in this review.]

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 23, 2018	Professional Medical Services: 99213, 99080	$190.00	$130.60

AUTHORITY

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 §134.203 sets out reimbursement guidelines for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
   - 4271 – PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

Issues

1. Did the requestor forfeit the right to reimbursement due to untimely submission of the medical bill?
2. Is the requestor entitled to additional payment?

Findings

1. The insurance carrier denied disputed services with adjustment codes:
   - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
   - 4271 – PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

   28 Texas Administrative Code §133.20(b) requires that "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 §408.027(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."

The requestor submitted documentation to support the claim was submitted electronically to Cotteningham & Butler Claim Service (CBCS). The payer acknowledged receipt of the claim on May 11, 2018. This date is less than 95 days from the date of service on April 23, 2018. The submitted documentation supports that CBCS is an agent of the insurance carrier (the return address on the EOB is "c/o CBCS, PO Box 28, Dubuque, IA 52004-0028").

Rule §133.210(e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other." Accordingly, the division considers any medical bill received by the carrier's agent to be simultaneously possessed by the carrier.

Based on the information submitted for review, the preponderance of the evidence supports that the medical bill was timely submitted to the insurance carrier. The requestor thus did not forfeit the right to reimbursement. The services will therefore be considered for payment in accordance with division rules and medical fee guidelines.

2. This dispute regards medical services with reimbursement subject to the *Medical Fee Guideline for Professional Services*, 28 Texas Administrative Code §134.203, requiring the maximum allowable reimbursement (MAR) be determined by Medicare payment policies modified by DWC rules. The MAR is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the DWC annual conversion factor. Reimbursement is calculated as follows:
   - Procedure code 99213 has a Work RVU of 0.97 multiplied by the Work GPCI of 1 is 0.97. The practice expense RVU of 1.02 multiplied by the PE GPCI of 0.938 is 0.95676. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.796 is 0.05572. The sum is 1.98248 multiplied by the DWC conversion factor of $58.31 for a MAR of $115.60.
   - Procedure code 99080-73 is a division specific code for a work status report with reimbursement subject to 28 Texas Administrative Code §129.5(i), which requires that "reimbursement shall be $15."

   The total allowable reimbursement for the disputed services is $130.60. The insurance carrier paid $0.00. The amount due is $130.60. This amount is recommended.

Conclusion

For the reasons above, the division finds that additional payment is due. As a result, the amount ordered is $130.60.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable), based on the submitted information, the division finds the requestor is entitled to additional reimbursement. The division hereby ORDERS the respondent to remit to the requestor $130.60, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	June 7, 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 Rule §133.307.

The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). 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 field office handling the claim or to the division at the contact information listed on the form. You must deliver a copy of the request to all other parties involved in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute 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.