



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 AND SURGEONS, PLLC

Respondent Name

PLANO INDEPENDENT SCHOOL DISTRICT

MFDR Tracking Number

M4-19-3676-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

MARCH 29, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "All of these dates are within the 95 day filing deadline. See the attached proof of timely reports from Availity."

Amount in Dispute: \$719.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bills were not submitted to Plano ISD within 95 days for the date of service."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 19, 2018 April 4, 2018 April 16, 2018	CPT Code 99080	\$15.00/ea	\$0.00
March 19, 2018	CPT Code 99203	\$250.00	\$0.00
March 19, 2018	CPT Code 73030	\$74.00	\$0.00
April 4, 2018 April 16, 2018	CPT Code 99213	\$175.00/ea	\$0.00
TOTAL		\$719.00	\$0.00

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. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
4. 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.
 - 285-Please refer to the note above for a detailed explanation of the reduction.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days fo the date of service.

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 the disputed services based upon timely filing.
2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code "29-The time limit for filing has expired."
3. To determine if the work hardening 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."
 - Texas Labor Code §408.0272(b)(1) states "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: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."
 - 28 Texas Administrative Code §133.20(B) states, "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. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title

(relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.”

- 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 requestor submitted a copy of a Claim History report that indicates on April 27, 2018 “Print claim mailed to the payer by Availity’s printing partner.” This report indicates the payer is WorkCompEDI. This date is within the 95 day deadline for filing a claim.
 - The respondent wrote, “The self-insured, which is Plano ISD, did not receive the medical bills in question until January 2, 2019...however, the provider was notified by the other carrier on May 5, 2018, and again on June 4, 2018 that they were not the correct carrier...While the provider initially made an error in sending the medical bills to the wrong carrier, it soon learned of its error, but did not within 95 days of that date submit the medical bills to the correct carrier.”
 - The requestor did not support that WorkCompEDI is “an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title insures the claimant”. The division finds the requestor does not meet exception for timely filing per Texas Labor Code §408.0272(b)(1); therefore, the respondent’s denial of payment based upon timely filing 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

Signature

Medical Fee Dispute Resolution Officer

4/30/2019
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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.