



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

PAIN & RECOVERY CLINIC OF NORTH HOUSTON

Respondent Name

BITCO GENERAL INSURANCE CORP.

MFDR Tracking Number

M4-19-3839-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

April 18, 2019

Response Submitted By

Flahive, Odgen & Latson, Attorneys at Law, PC

REQUESTOR'S POSITION SUMMARY

"We properly billed the DOS (10/18/18, 10/19/18) in question and performed request for reconsideration."

RESPONDENT'S POSITION SUMMARY

"The provider's initial medical bill was not submitted to the carrier within 95 days of the date of service."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
October 18, 2018 to October 19, 2018	Pain Rehabilitation Services	\$1,500.00	\$0.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
- 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
- Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
- Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – Time Limit for Filing Claim/Bill has Expired
 - CA – CARF accredited
 - GP – Service delivered under OP PT care plan
 - CP – Chronic Pain Management.
 - 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.

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 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."

Texas Labor Code §408.0272(b)(1) provides certain exceptions to the 95-day time limit for medical bill submission. A health care provider does not forfeit the right to reimbursement if the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed 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..." Texas Labor Code §408.0272(b)(2) provides that the provider does not forfeit the right to reimbursement if "the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."

No documentation was found to support any of the exceptions described in Texas Labor Code §408.0272(b). The provider was thus required to submit the bill no later than the 95th day after the date of service.

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 correct address for sending bills, as noted on the carrier's explanation of benefits, is in San Antonio, Texas. The provider submitted a screen print supporting a bill was mailed on October 24, 2018 to a PO Box in Irving, Texas. While this date would have been within the timely filing limit, no information was presented to support that the address where the bill was sent was the correct address for the insurance carrier or the carrier's agent. And no information was found to support timely filing to the correct address within the time limit.

Based on the information submitted for review, there is insufficient documentation to support that the medical bill was submitted within 95 days from the date of service to the correct carrier. No information was found to support receipt of the bill by the carrier or the carrier's agent within the 95-day time limit. Consequently, the division finds the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill in accordance with Texas Labor Code §408.027(a).

Conclusion

For the reasons above, the division concludes the requestor has not established that additional payment is due. As a result, the amount ordered is \$0.00.

ORDER

In accordance with Texas Labor Code §413.031, based on the information submitted for review, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Grayson Richardson	May 16, 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.