



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

ETMC CARTHAGE

Respondent Name

DEEP EAST TEXAS SELF INSURANCE FUND

MFDR Tracking Number

M4-19-4048-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

May 6, 2019

Response Submitted By

No response submitted by insurance carrier

REQUESTOR'S POSITION SUMMARY

The health care provider did not submit a position statement for consideration in this review.

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
July 19, 2018	Emergency Room Services	\$321.59	\$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 – 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.
 - 18 – EXACT DUPLICATE CLAIM/SERVICE
 - 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE

Issues

1. Did the health care provider submit a complete request for MFDR?
2. Did the insurance carrier submit a response to the request for MFDR?
3. Did the requestor forfeit the right to reimbursement due to untimely submission of the medical bill?

Findings

1. 28 Texas Administrative Code (the division's rules) Rule §133.307(c)(2)(N) requires the requestor to submit with the request for MFDR a position statement of the disputed issue(s) that shall include:
 - (i) the requestor's reasoning for why the disputed fees should be paid or refunded,
 - (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
 - (iii) how the submitted documentation supports the requestor's position for each disputed fee issue;

Review of the submitted requestor information finds no *position statement* explaining the requestor's reasoning for why the disputed fees should be paid, or how Texas laws and division rules and fee guidelines relate to the disputed fee issues, or how the other submitted documentation supports the request for additional payment. The division finds the requestor has not met the requirements of Rule §133.307(c)(2)(N).

2. 28 Texas Administrative Code Rule §133.307(d)(2) requires that the insurance carrier, upon receipt of the request for MFDR, shall provide any missing information not provided by the requestor and known to the respondent. The respondent shall also provide a position statement as described in subparagraph (E) as well as other records and information as specified in Rule §133.307(d)(2) in response to the request for MFDR.

The division provided a copy of the MFDR request to the Austin carrier representative, White Espey PLLC, for the carrier, Deep East Texas Self Insurance Fund, who acknowledged receipt of notice on May 15, 2019.

Rule §133.307(d)(1) states the response will be deemed timely if received by the division:

within 14 calendar days after the date the respondent received the copy of the requestor's dispute.

If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

To date, no response has been received. Consequently, this decision is based on the information available at the time of review.

3. The insurance carrier denied disputed services with claim adjustment reason 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, 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. The provider does not forfeit the right to reimbursement if the provider submits satisfactory proof that within the period prescribed by §408.027(a), the provider erroneously filed the bill 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) further states 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 date of the disputed services is July 19, 2018. The 95th day after this date was Monday, October 22, 2018. The creation date on the bill submitted for review is January 10, 2019. The carrier's initial explanation of benefits (EOB) indicates the carrier received the bill on January 10, 2019. This date is after the 95th day following the date of service.

Review of the submitted information finds no documentation to support the medical bill was timely submitted to the insurance carrier. Consequently, the division finds in accordance with Labor Code §408.027(a) that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill.

Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above, the division finds 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

_____	<u>Grayson Richardson</u>	<u>August 2, 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. 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.