



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

METRO MANAGEMENT SERVICES, LLC
KIM RICHMOND, MD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-19-4101-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

MAY 10, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please assist us with the reprocessing of the attached claim for the above-referenced patient. Attached is the proof of timely filing, explanation of benefits and a claim for your review, appeals, and denials attached for claim review. We have submitted proof of timely filing to Texas Mutual Insurance, with no payment received. We have included certified mail tracking number's mailed on October 8th 2018."

Amount in Dispute: \$15,176.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 12/6/2018 received the bill from METRO MANAGEMENT SERVICES LLC, audit staff reviewed the documentation submitted with the bill and found no evidence to support proof of timely filing as the bill was received late, 95 days from date of service 8/7/18. The bill was denied untimely...The provider submitted an appeal on 1/31/19...Metro Management Services, LLC alleges they were not given any insurance information until 10/08/18. The provider rendered services at Methodist Richardson Medical Center, the facility obtained claimant and carrier information in order to bill services directly to Texas Mutual, Metro Management Services, LLC request a reconsideration due to insufficient or incomplete information. Metro Management Services may have obtained carrier information from the facility where the services were rendered at. .. A second appeal was received from the provider on 03/21/19. Documentation included in this appeal includes a USPS tracking number (see DWC 60). The tracking number is listed on the providers letterhead, which does not confirm the package was received at Texas Mutual Insurance, no mailing address, signature or time stamp from USPS regarding delivery information...Additional research was conducted by going on to USPS to confirm the status of the tracking information, per USPS no status available (Attachment). "

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7, 2018	CPT Code 01880/29822	\$12,862.00	\$0.00
	CPT Code 64415	\$1,424.00	\$0.00
	CPT Code 76942	\$890.00	\$0.00
TOTAL		\$15,176.00	\$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. 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. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - CAC-29-The time limit for filing has expired.
 - 731-Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
 - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - CAC-18-Exact duplicate claim/service.
 - 224-Duplicate charge.
 - DC4-No additional reimbursement allowed after reconsideration .
 - 928-HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
 - 929-Not submitted timely per rule 133.20(B)-Not later than 95th day after the date HCP is notified of erroneous submission of the medical bill.
 - DC7-Duplicate appeal. Network contract applied by workwell, TX network.
 - 891-No additional payment after reconsideration.

Issues

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

Findings

1. The requestor is seeking payment of \$15,176.00 for professional services rendered on August 7, 2018.
2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code "CAC-29-The time limit for filing has expired."
3. To determine if the disputed 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 §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 disputed services were rendered on August 7, 2018 at Methodist Richardson Medical Center.
 - The respondent wrote, "Texas Mutual on 12/6/2018 received the bill from METRO MANAGEMENT SERVICES LLC, audit staff reviewed the documentation submitted with the bill and found no evidence to support proof of timely filing as the bill was received late, 95 days from date of service 8/7/18. The bill was denied untimely."
 - The requestor submitted a copy of facsimile report that supports bill was faxed to Texas Mutual Insurance Co. on January 16, 2019, and a Gold FAX Status report dated January 31, 2019.
 - Dates of service January 16 and 31, 2019 are past the 95 day deadline for filing a claim.
 - The requestor also submitted a copy of a report dated August 6, 2018 from Methodist Richardson Medical Center (Bush Renner) that lists insurance coverage provided by "Generic Worker Com".
 - Requestor submitted a report from Latoya Robinson titled "Provider METRO" that indicates on August

14, 2018 the bill for \$5,176.00 was submitted to Texas Mutual Insurance Co. On this report, the requestor wrote a handwritten note “we were never given valid insurance information at the time of service. Please review supporting documentation & reprocess claim.” The “Provider METRO” report conflicts with the requestor’s position that they were unaware Texas Mutual Insurance Co. was the insurer.

- The 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 on August 14, 2018.
- The respondent submitted a USPS tracking report that lists a tracking number but notes “status is unavailable”. This report doesn’t support the claim was sent, to whom, and when.
- The requestor did not sufficiently support the claim was submitted to the respondent within the 95 day deadline set out in Texas Labor Code §408.027(a) and 28 Texas Administrative Code §133.20(b).
- 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

6/13/2019
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.