



# 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 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

ORTHOTEXAS PHYSICIANS AND SURGEONS  
MICHAEL SCHWARTZ, MD

**Respondent Name**

TRAVELERS INDEMNITY CO

**MFDR Tracking Number**

M4-19-4200-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

MAY 22, 2019

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "For This date of service our office was informed there is no claim on file for this date of service. I have attached the Availity report as proof of timely filing. I am submitting this claim by paper for processing. I have included the claim, the dictation and all other documentation needed to process the claim. Per the clearing house report 7/26/18 was transmitted on 7/31/18 to the carrier for processing. All of these dates are within the 95 day filing deadline. See the attached proof of timely reports from Availity."

**Amount in Dispute:** \$275.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The Provider contends they timely submitted the billing for the disputed services on 07-13-2018. In support of that contention, they submit a screen shot of their electronic billing software. The screenshot does not support that the submitted billing was submitted 'to the carrier' as required by Rule 133.20. First, although the Provider contends the bill was submitted electronically, the screen shot indicates the Payor was 'WorkCompEDI Drop to Paper', indicating the billing was not electronically submitted. Second, the screen shot only alleges that the billing was sent to a clearinghouse, and there is no indication anywhere on the screenshot of which carrier, if any, the billing was submitted to. Third, the Provider expressly states in their letter, dated 12-14-2018, that the original billing was not submitted to a carrier due to an error by their electronic billing provider. The Carrier contends the Provider has not submitted appropriate evidence of timely submission of the billing in dispute. The Carrier received the initial billing for this date of service by fax from the Provider on 11-14-2018. Based on Rule 102.4, that makes the submission date the same date. As this date is 110 days after the date of service of 07-26-2018, the billing was not timely submitted as required by Rule 133.20."

**Response Submitted by:** William E. Weldon, Atty for Travelers

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 26, 2018	CPT Code 99214	\$260.00	\$0.00
	CPT Code 99080-73	\$15.00	\$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. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. 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.
  - W3-Additional payment made on appeal/reconsideration.
  - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days for the date of service.
  - 18-Exact duplicate claim/service.
  - 247-A payment or denial has already been recommended for this service.
  - DUPL-These services have already been considered for reimbursement.

### **Issues**

Is the requestor entitled to reimbursement for CPT codes 99214 and 99080?

### **Findings**

1. The requestor is seeking payment of \$275.00 for CPT codes 99214 and 99080 rendered on July 26, 2018.
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 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 date of service in dispute is July 26, 2018.
  - The requestor submitted a fax confirmation report that supports a claim was submitted to respondent on November 14, 2018 and December 31, 2018. These dates are past the 95 day deadline.
  - The requestor submitted a copy of a *Claim History* report that indicates on July 31, 2018 “Electronic claim submitted via EDI to clearinghouse.”
  - 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 within the 95 day deadline.
  - The requestor did not sufficiently support that 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

\_\_\_\_\_  
6/20/2019  
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.**