



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 QUITMAN

Respondent Name

SERVICE LLOYDS INSURANCE COMPANY

MFDR Tracking Number

M4-19-4508-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

June 17, 2019

Response Submitted By

Avidel

REQUESTOR'S POSITION SUMMARY

"The bill was initially sent to the employer ... on 6/21/2018 ... we were informed of a worker's compensation carrier claim with Service Lloyds. We obtained the claim information on 2/25/2019 and immediately submitted this bill electronically."

RESPONDENT'S POSITION SUMMARY

"the provider did not submit proof of timely filing. Carrier did not waive timely filing on either review thus stand accordingly."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
June 13, 2018	Outpatient Facility Services	\$1,524.75	\$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.
 - 375 – PLEASE SEE SPECIAL NOTE BELOW:
 - A Health care provider shall not submit a medical bill later than the 95th day after the date the services are provided
 - 758 – BILL WAS NOT SUBMITTED TIMELY IN ACCORDANCE WITH DWC CHAPTER 133.
 - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - 790 – THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE
 - 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

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 claim adjustment reason codes:

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 375 – PLEASE SEE SPECIAL NOTE BELOW:
A Health care provider shall not submit a medical bill later than the 95th day after the date the services are provided
- 758 – BILL WAS NOT SUBMITTED TIMELY IN ACCORDANCE WITH DWC CHAPTER 133.

The requestor states, ““The bill was initially sent to the employer ... on 6/21/2018 ... we were informed of a worker’s compensation carrier claim with Service Lloyds. We obtained the claim information on 2/25/2019 and immediately submitted this bill electronically.”

Rule §133.20(j) provides that:

The health care provider may elect to bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s). Such billing is subject to the following:

- (1) A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to:
 - (A) prompt payment, as provided by Labor Code §408.027;
 - (B) interest for delayed payment as provided by Labor Code §413.019; and
 - (C) medical dispute resolution as provided by Labor Code §413.031.
- (2) When a health care provider bills the employer, the health care provider shall submit an information copy of the bill to the insurance carrier, which clearly indicates that the information copy is not a request for payment from the insurance carrier.
- (3) When a health care provider bills the employer, the health care provider must bill in accordance with the Division's fee guidelines and §133.10 of this chapter (relating to Required Billing Forms/Formats).
- (4) A health care provider shall not submit a medical bill to an employer for charges an insurance carrier has reduced, denied or disputed.

The submitted documentation supports that the health care provider initially elected to submit the bill to the employer rather than the insurance carrier. The division finds in accordance with Rule §133.20(j)(1)(C), that the health care provider has waived the right to medical dispute resolution for any services billed for the duration of that election period.

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) provides certain exceptions to the 95-day time limit for medical bill submission. 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 submitted documentation supports that the health care provider submitted the medical bill to the insurance carrier on February 25, 2019. This date is later than the 95th day after the date the service date of June 13, 2018. 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

For the reasons above, the division finds the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill. 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

Signature

Grayson Richardson
Medical Fee Dispute Resolution Officer

July 3, 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 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.