



# 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**

ETMC Jacksonville

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-19-4509-01

**Carrier's Austin Representative**

Box 45

**MFDR Date Received**

June 17, 2019

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "I have included a screen shot to show that we called State Office of Risk Management on 10/10/18. We spoke to Sarah who advised that this bill was received on 8/13/18 and denied for lacking the MRI report."

**Amount in Dispute:** \$403.26

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** After full review of the dispute packet submitted by the requestor ETMC Jacksonville, the Office has determined we will maintain our denial for 29-Time limit for filing for dates of service 7/13/2018. ...The bill(s) received from ETMC on 8/13/2018 (Exhibit A) were for date of service 3/1/18-3/26/2018 and were for physical therapy. Further review found the professional charges for the MRI for date of service 7/13/2018 was also received on 8/13/2018 and a denial was issued needing medical records."

**Response submitted by:** State Office of Risk Management

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 13, 2018	72141	\$403.26	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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.

2. 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – The time limit for filing has expired

**Issues**

1. Is the insurance carrier’s reason for denial or reduction of payment supported?

**Findings**

1. The requestor is seeking \$403.26 for outpatient medical services rendered on July 13, 2018. The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.”

28 TAC §133.20 (b) states in pertinent part,

(b) 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.

The requestor indicated, “We spoke to Sarah who advised that this bill was received on 8/13/18 and denied for lacking the MRI report.” However, no evidence of this denial was submitted with the request for MFDR.

The documentation included with the request for MFDR for Code 72141 on July 13, 2018 was;

- EOR dated January 22, 2019 with denial 29 – The time limit for filing has expired
- EOR (Re-evaluation) dated April 2, 2019 with denial 29 – The time limit for filing has expired

Based on the above, the insurance carrier’s denial is supported. No additional payment is recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

		July 12, 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, 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 MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **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.**