



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

TEXAS SURGICAL CENTER

Respondent Name

TPCIGA FOR COLONIAL CASUALTY INSURANCE CO

MFDR Tracking Number

M4-19-4651-01

Carrier's Austin Representative

Box Number 50

MFDR Date Received

JUNE 25, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please find the enclosed proof that the claim was filed timely with the information that the patient presented at our facility with."

Amount in Dispute: \$816.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "According to DWC Rule 133.20 (b), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. The first submission to TPCIGA was sent on 03/22/2019 which is beyond 95 days from the date of service. An exception for untimely submission of a medical bill can be applied if the health care provider is able to provide supporting documentation and shows the medical bill was successfully submitted to the patient's health insurance or to an incorrect worker's compensation carrier. In either of these cases the 95 day timeframe would begin on the date the health care provider was notified of the correct workers' compensation carrier information. The documentation submitted with the MFDR does not show a successful submission to an incorrect insurance carrier and it does not show the date the health care provider was notified of the correct workers' compensation carrier. Without this information, an extension to the timely filing period is not supported."

Response Submitted by: ReviewMed

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 12, 2018	Ambulatory Surgical Care (ASC) Services for CPT Code 64479	\$816.60	\$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:
 - 29-The time limit for filing has expired.
 - 5188-Please resubmit the billing form with documentation, reports, and/or chart notes that support the services rendered.
 - 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
 - 18-Exact duplicate claim/service.
 - 247-A payment or denial has already been recommended for this service.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days for the date of service.

Issues

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

Findings

1. The requestor is seeking payment of \$816.60 for ASC services rendered on July 12, 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 ASC 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 12, 2018.
 - The requestor submitted a Claim History report that supports a claim was submitted to respondent on March 22, 2019.
 - 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

Date

07/18/2019

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.