



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

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

FEDERAL INSURANCE COMPANY

MFDR Tracking Number

M4-19-4909-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

July 17, 2019

Response Submitted By

CorVel

REQUESTOR'S POSITION SUMMARY

"Per the denial this is a PFD however, our first submission was 12/10/2018 was sent to address above & our second submission was 3/11/2019."

RESPONDENT'S POSITION SUMMARY

"Doctors Hospital at Renaissance is not entitled to reimbursement for date of service 11/30/18... based on failure to timely submit a complete medical bill in accordance with the Texas Workers' Compensation Act and Division rules."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
November 30, 2018	Outpatient Hospital Services	\$134.10	\$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.
- 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 Claim/Bill has Expired
 - RM2 – Time limit for filing claim has expired
 - 246 – This non-payable code is for required reporting
 - R25 – Procedure billing is restricted/see state regulations

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 Claim/Bill has Expired
- RM2 – Time limit for filing claim has expired

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)(1) 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 date of service is November 30, 2018. The 95th day following the date of service is Tuesday, March 5, 2019. The “creation date” field on the bill indicates the bill was printed May 30, 2019. This date is beyond the 95th day following the date of service. The requestor’s position statement asserts “our first submission was 12/10/2018”; however, no documentation was presented to support the bill was submitted on that date, and no evidence was found to support a timely date of submission for the bill.

Based on the submitted documentation, the requestor failed to support submission of the medical bill within 95 days from the date of service. The carrier’s denial reasons are thus supported. Consequently, the division concludes pursuant to Labor Code §408.027(a) that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill.

Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above, the division finds the requestor has not established that additional payment is due. 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

_____	<u>Grayson Richardson</u>	<u>August 9, 2019</u>
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. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWCO45M). 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.