



# 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**

LIFE AMBULANCE SERVICE

**Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

**MFDR Tracking Number**

M4-19-5320-01

**Carrier's Austin Representative**

Box Number 45

**MFDR Date Received**

August 27, 2019

**Response Submitted By**

State Office of Risk Management

#### REQUESTOR'S POSITION SUMMARY

"We were not aware the patient was an employee at The State Center, we thought he was a residence at the facility."

#### RESPONDENT'S POSITION SUMMARY

"there is no supporting documentation ... that the medical bill complies with the exceptions outlined in Texas Labor Code §408.0272. Therefore, the Office will maintain our denial for CARC code 29-Time limit for filing has expired."

#### SUMMARY OF DISPUTE

| Dates of Service  | Disputed Services                 | Dispute Amount | Amount Due |
|-------------------|-----------------------------------|----------------|------------|
| February 21, 2019 | Ambulance Transportation Services | \$452.90       | \$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 (DWC).

#### 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 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 OF THE DATE OF SERVICE.

#### 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.
- 4271 - PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

28 Texas Administrative Code §133.20(b) requires that “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 bill submission. The provider does not forfeit payment if the provider submits proof of erroneously billing (within the time limit):

- (A) ... group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage ...
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment...

Labor Code §408.0272(b)(2) also provides an exception if the failure resulted from a natural disaster or catastrophic event that substantially interfered with the normal business operations of the provider.

No documentation was found to support an exception described in Labor Code §408.0272(b). The provider was thus required to submit the bill no later than the 95<sup>th</sup> day after the date of service.

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.”

No documentation was found to support the medical bill was submitted within 95 days from the date of service. Consequently, 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 requestor has forfeited the right to payment. 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, DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

|           |  |                    |
|-----------|--|--------------------|
|           | Grayson Richardson                     | September 20, 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 28 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within **twenty** days of your receipt of this decision. You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d). Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.