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
ST JOSEPH MEDICAL CENTER

Respondent Name
TEXAS PUBLIC SCHOOL WORKERS' COMPENSATION PROJECT AND MAGNOLIA SCHOOL DISTRICT

MFDR Tracking Number
M4-20-0229-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
September 25, 2019

Response Submitted By
Creative Risk Funding

REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position statement for consideration in this review.

RESPONDENT'S POSITION SUMMARY

"Medical Center did not timely submit its bill for payment within 95 days after the date it provided services in this claim in accordance with Division Rule 133.20(b). Consequently, it is not entitled to reimbursement in this claim."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
February 22, 2019	Outpatient Hospital Services	$5,166.65	$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 29 – The time limit for filing has expired.
   - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - W3 – reconsideration/Appeal.
     - ORIGINAL RECEIPT OF THIS BILL WAS 07/26/2019, PAST THE 95 DAY FILING LIMIT. DOCUMENTATION SUBMITTED IS NOT CONSIDERED A SUFFICIENT PROOF OF TIMELY FILING.

Issues

Did the requestor forfeit the right to reimbursement due to untimely submission of the medical bill?

Findings

The health care provider did not submit a position statement for review with the request for dispute resolution.

Rule 28 Texas Administrative Code §133.307(c)(2) requires the provider, when requesting MFDR, to include the following information and documents with the request:

(A) the name, address, and contact information of the requestor;
(B) the name of the injured employee;
(C) the date of the injury;
(D) the date(s) of the service(s) in dispute;
(E) the place of service;
(F) the treatment or service code(s) in dispute;
(G) the amount billed by the health care provider for the treatment(s) or service(s) in dispute;
(H) the amount paid by the workers' compensation insurance carrier for the treatment(s) or service(s) in dispute;
(I) the disputed amount for each treatment or service in dispute;
(J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions);
(K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;
(L) when applicable, a copy of the final decision regarding compensability, extent of injury, liability and/or medical necessity for the health care related to the dispute;
(M) a copy of all applicable medical records related to the dates of service in dispute;
(N) a position statement of the disputed issue(s) that shall include:
    (i) the requestor's reasoning for why the disputed fees should be paid or refunded,
    (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
    (iii) how the submitted documentation supports the requestor's position for each disputed fee issue;
(O) documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title (relating to Medical Reimbursement) or §134.503 of this title (relating to Pharmacy Fee Guideline) when the dispute involves health care for which the division has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable …
(Q) any other documentation that the requestor deems applicable to the medical fee dispute.

Requestors are urged to provide the above information and documents with any request for MFDR.

DWC rules provide that if the required information is not received, DWC may base its decisions on the information available at the time of review.

Providers may find the most current versions of Texas workers' compensation rules either directly from the DWC website at: https://www.tdi.texas.gov/wc/rules/index.html

Or from the Texas Secretary of State's website: https://texreg.sos.state.tx.us/public/tacctx$.startup

Review of the submitted information finds that the insurance carrier denied disputed services with claim adjustment reason code 29 – "The time limit for filing has expired."

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) provides a further exception if the failure resulted from a natural disaster or catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the information submitted by both parties finds no documentation to support timely filing of the medical bill. The earliest issued explanation of benefits (EOB) shows a bill receipt date of July 26, 2019. This date is later than 95 days following the disputed date of service of February 22, 2019.

No evidence was presented to support any of the exceptions described in Labor Code §408.0272(b). The provider was thus required to submit the bill no later than 95 days 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 evidence was found to support the medical bill was submitted within 95 days from the date of service. As a result, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of the division is to adjudicate payment following Texas laws and DWC 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	October 18, 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.