



# 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**

BAPTIST ST. ANTHONY'S HEALTH SYSTEM

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-20-0281-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

September 30, 2019

**Response Submitted By**

Texas Mutual Insurance Company

#### REQUESTOR'S POSITION SUMMARY

The health care provider did not submit a position statement with the MFDR request for consideration in this review.

#### RESPONDENT'S POSITION SUMMARY

"Texas Mutual on 8/6/19 received the bill... the bill was created on 8/5/19, i.e. 109 days from the date of service. No information was provided by the requestor indicating the except criteria applies at 408.0272 of the Labor Code."

#### SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 18, 2019	Outpatient Hospital Emergency Room Services	\$394.93	\$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.
  - 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE.
  - W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
  - DC4 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION. FOR INFORMATION CALL (800) 859-5995 X3994.
  - 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
  - 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

## 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.

28 Texas Administrative Code §133.307(c)(2) specifies the information and records the requestor shall provide with the MFDR request, including 28 TAC §133.307(c)(2)(N), “a position statement of the disputed issue(s),” explaining:

- (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

Requestors are required to provide all the information and records specified in Rule §133.307(c)(2) in the form and manner prescribed by the division. This decision is based on the information available at the time of review.

The insurance carrier denied disputed services with claim adjustment reason codes:

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE.
- 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

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 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Grayson Richardson  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
October 25, 2019  
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.