



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 MUTUAL INSURANCE CO

MFDR Tracking Number

M4-20-0607-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

November 4, 2019

Response Submitted By

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"Please see the email I forwarded the Texas Worker's Claim Adjustor regarding your attached letter."

RESPONDENT'S POSITION SUMMARY

"The provider did not submit any documentation supporting any attempts made to obtain work comp claim information prior to 9/4/19 which was already past the 95 day deadline per Rule 133.20."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
May 24, 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) in Title 28, Part 2 of the Texas Administrative Code.

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.
 - 731 – 29 - 134.801 & 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE FOR SERVICE ON OR AFTER 9/1/05.
 - 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.
 - 45 – Charge exceeds fee schedule/maximum allowable or contracted legislated fee arrangement.

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.
- 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 provides certain exceptions for untimely submission of a bill. Per Section 408.0272(b)(1), 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) further provides an exception for delays resulting from a natural disaster or catastrophe.

No documentation was found to support any exception described in Labor Code Section 408.0272.

The provider was therefore required to submit the bill within 95 days from the date of service.

The 95th day following service date May 24, 2019 was Tuesday, August 27, 2019. The requestor submitted an email supporting the bill was first submitted to the insurance carrier on September 3, 2019. This date is later than the 95th day following the date of service. Consequently, the provider has failed to support timely bill submission to the carrier. The insurance carrier’s denial reasons are therefore supported.

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.”

Because the requestor did not timely submit the bill to the carrier and failed to meet any exception to the rule, the requestor has thus forfeited the right to reimbursement in accordance with Labor Code Section 408.027.

Conclusion

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	December 6, 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.