



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

SOUTHWEST SPORTS AND SPINE CENTER

Respondent Name

CITY OF FORT WORTH

MFDR Tracking Number

M4-20-1464-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

FEBRUARY 11, 2020

REQUESTOR'S POSITION SUMMARY

"This provider billed this claim on 9/10/19, which was 7 days after the date of service. The WC carrier states they never received this claim. The claim was rebilled on 12/18/19 when no payment was received and we had called and the WC insurance carrier said they had not received our original billing...Our enclosed claim and print out from our software, shows that this claim was submitted within the timely filing deadline."

Amount in Dispute: \$216.00

RESPONDENT'S POSITION SUMMARY

"The bill for date of service for 09/03/2019 was received on 12/26/2019. The bill was denied for not being timely."
Response Submitted by: Sedgwick

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 3, 2019	CPT Code 97545-WH	\$108.00	\$0.00
	CPT Code 97546-WH (X2)	\$108.00	\$0.00
TOTAL		\$216.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
- 28 TAC §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.

4. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
5. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - 29-The time limit for filing has expired.

Issues

Does the documentation support requestor's position that the disputed bills were submitted timely?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$216.00 for work hardening services, CPT codes 97545-WH and 97546-WH, rendered on September 3, 2019.
2. The respondent denied reimbursement for the disputed services based upon reason code "29-The time limit for filing has expired."
3. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:
 - Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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."
 - 28 TAC §133.20(B) states, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation."
 - 28 TAC §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
4. Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed the documentation and finds:
 - The date of service in dispute is September 3, 2019.
 - The respondent denied reimbursement for the services based upon timely filing.
 - The requestor submitted a Claim Notes report that notes "billed insurance package: YORK RISK SERVICES" on September 10, 2019.
 - The documentation does not contain any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to the respondent on September 10, 2019.
 - The requestor did not sufficiently support that the bill was submitted to the respondent within the 95 day deadline set out in Labor Code §408.027(a) and 28 TAC §133.20(B).
 - The respondent's denial of payment based upon timely filing is supported.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		03/10/2020
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 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 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.