



**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**

MHHS HERMANN HOSPITAL

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-20-1651-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

MARCH 4, 2020

**REQUESTOR'S POSITION SUMMARY**

"The bill was denied by the carrier for timely filing. However, per Texas Administrative Code Rule §133.20, we billed the carrier within 95 days of the claim being filed with the employer's carrier. (The claim was not filed until 7/18/19)."

**Amount in Dispute:** \$8,045.75

**RESPONDENT'S POSITION SUMMARY**

"Texas Mutual on 7/30/19 received the bill from MEMORIAL HERMANN HOSPITAL HEALTH SYSTEM. (Attachment) Rule 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 95<sup>th</sup> 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 95<sup>th</sup> 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 submitted, 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 provider did not submit proof of timely filing supporting the late submission of the bill."

Response Submitted by: Texas Mutual Insurance Co.

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 27 and 28, 2019	Outpatient Hospital Services	\$8,045.75	\$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.

2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
4. 28 TAC §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
5. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
6. The services in dispute were reduced / denied payment by the respondent with the following claim adjustment reason codes:
  - 29-The time limit for filing has expired.
  - 731-134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for service on or after 9/1/05.

## **Issues**

1. Were the disputed services submitted timely to the respondent?
2. Is the requestor entitled to reimbursement for Outpatient Hospital services rendered on March 27 and 28, 2019?

## **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$8,045.75 for Outpatient Hospital services rendered on March 27 and 28, 2019.
2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon timely filing the bill.
3. The requestor contends that reimbursement is due because “we billed the carrier within 95 days of the claim being filed with the employer’s carrier. (The claim was not filed until 7/18/19).”
4. To determine if the disputed services were submitted timely 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 §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.”
5. Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed the documentation and finds:
  - The dates of service in dispute are March 27 and 28, 2019.
  - The respondent denied reimbursement for the services based upon timely filing.
  - The requestor did not submit any evidence to support position that “The claim was not filed until 7/18/19.”
  - The requestor did not submit any documentation to support when the bill was sent to the insurance carrier.
  - 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 within the 95 day deadline.
  - The requestor did not sufficiently support that the bill qualified for exception of timely filing per Labor Code 408.0272(b)(1).
  - The respondent’s denial of payment based upon timely filing is supported.

6. The DWC finds the requestor is not eligible for reimbursement for the disputed Outpatient Hospital services rendered on March 27 and 28, 2019.

**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**

_____	_____	03/31/2020
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.**