



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

Texas Health Alliance

Respondent Name

American Casualty Co of Reading

MFDR Tracking Number

M4-20-1724-01

Carrier's Austin Representative

Box Number 57

MFDR Date Received

March 12, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This bill was originally submitted to the carrier, but denied for no medical records. We submitted our appeal within the appeal deadline and they are no denying our bill for past filing deadline. This bill was initially filed timely, there was no mention of filing deadline on initial EOB."

Amount in Dispute: \$699.80

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The HCP must provide a complete medical bill with medical records to support the requested services were done not later than June 17, 2019. In this claim, the responsive medical records were printed on September 10, 2019. Accordingly, a complete medical bill was not provided as required with 95 days and this bill was properly denied."

Response Submitted by: Brian J. Judis

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount in Dispute, Amount Due. Row 1: March 14, 2019, Outpatient Hospital Services, \$699.80, \$0.00

FINDINGS AND DECISION

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

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 requirements of medical bill submission.
3. 28 Texas Administrative Code §133.210 sets out requirements of documentation.
4. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
• 29 – The time limit for filing has expired

- 4271 – Per TX Labor Code sec 41.016, providers must submit bills to payors within 95 days of the date of service

Issues

Are the insurance carrier’s reasons for denial or reduction of payment supported?

Findings

The requestor is seeking \$699.80 for outpatient emergency room services rendered on March 14,2019. The insurance carrier denied the initial submission on July 17, 2019 for lack of information.

The requestor submitted missing records and asked for a reconsideration of November 14, 2019. The insurance carrier denied this bill for past timely filing.

28 TAC §133.20 (b) states in pertinent part a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided unless proof an erroneous submission to a group health insurance policy, health maintenance organization or a workers’ compensation carrier other than the one liable for the payment of the claim.

Review of the submitted documentation found insufficient evidence to support one of the exceptions found above.

28 TAC §133.210 requires the health care provider to provide required documentation in legible form. This was not done until November 14, 2019.

This date is past the 95-day filing submission. The insurance carrier’s denial is supported. No additional payment is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC 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 not established payment is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 2, 2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.