



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

UT HEALTH CTR TYLER

Respondent Name

UNIVERSITY OF TEXAS SYSTEM

MFDR Tracking Number

M4-20-1777-01

Carrier's Austin Representative

Box Number 46

MFDR Date Received

MARCH 18, 2020

REQUESTOR'S POSITION SUMMARY

"Please find the enclosed proof that the claim was filed timely with the information that the patient presented at our facility with the BILL WAS INCORRECTLY DENIED FOR TIMELY FILING. The fax confirmation has been attached to prove that the bill was sent within 95 days via fax, per payer request."

Amount in Dispute: \$231.70

RESPONDENT'S POSITION SUMMARY

"We are in receipt of the Medical Dispute Resolution concerning claimant...for 04/24/19. Based on the submitted documentation we are standing on our original denial for missing medical documentation of the visit."

Response Submitted by: Injury Management Organization (IMO)

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 24, 2019	Outpatient Hospital Services HCPCS Code G0463	\$231.70	\$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.
- 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 by the respondent with the following claim adjustment reason codes:
 - 29-The time limit for filing has expired.
 - 138-Claim service denied appeal procedures not followed or time limits not met.
 - W3-Reconsideration
 - 18-Exact duplicate claim/service.
 - 247-A payment or denial has already been recommended for this service.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days for the date of service.

Issues

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

Findings

1. The requestor is seeking payment of \$231.70 for Outpatient Hospital services rendered on April 24, 2019.
2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code “29-The time limit for filing has expired.”
3. The respondent wrote, “Based on the submitted documentation we are standing on our original denial for missing medical documentation of the visit.”
 28 TAC §133.307(d)(2)(F) states “The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section.”

The DWC finds that the respondent raises issues in the position summary that were not presented to the requestor prior to the date the request for MFDR was filed with the division. A review of the submitted explanation of benefits does not list any denial reasons to support the issues raised in the position summary; therefore, the response was not submitted in accordance with 28 Texas Administrative Code §133.307.

4. To determine if the disputed outpatient hospital services are eligible for reimbursement the DWC refers to the following statute:
 - Texas 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.”
 - Texas Labor Code §408.0272(b)(1) states “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that

issues a policy of 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 under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title.”

- 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.”
5. 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 April 24, 2019.
 - The requestor submitted a report that indicates on May 17, 2019 “Faxed Claim to #972-386-7918.”
 - This fax number belongs to Cannon Cochran Management, (CCMSI) a Third Party Administrator.
 - The requestor did not support that CCMSI is the Third Party Administrator for the respondent.
 - The requestor did not support that this fax number belongs to an insurer that qualifies for exception under Texas Labor Code §408.0272(b)(1).
 - The requestor did not sufficiently support that the claim was submitted to the respondent within the 95 day deadline set out in Texas 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

Signature

Medical Fee Dispute Resolution Officer

04/07/2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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.