



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

KIVA DAVIS, DC

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-20-2145-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

MAY 4, 2020

REQUESTOR'S POSITION SUMMARY

"THE CLAIM WAS ORIGINALLY SUBMITTED ON 8/27/2019, WHICH IS WELL WITHIN THE 95 DAY TIME LIMIT."

Amount in Dispute: \$949.44

RESPONDENT'S POSITION SUMMARY

"The Provider contends they timely submitted the billing for the disputed services on 08-27-2019. In support of that contention, they submit a fax confirmation page with that date. The fax confirmation page contains a copy of the HCFS-1500, which shows that it lacks any diagnosis code, a required element for a complete bill...A complete bill was received by the Carrier on 12-06-19 via facsimile. Based on Rule 102.4, that makes the submission date the same day. As this date is 108 days after the date of service of 08-20-2019 the billing was not timely submitted as required by Rule 133.20. The Carrier contends the Provider has not submitted appropriate evidence of timely submission of the billing in dispute."

Response Submitted by: William Weldon, Atty. On behalf of Travelers

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|----------------------|-------------------|------------|
| August 20, 2019 | CPT Code 97750-FC-GP | \$949.44 | \$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

1. 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. 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. 28 TAC §133.10, effective April 1, 2014, sets out the required billing forms/formats.
6. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - CAC-29-The time limit for filing has expired.
 - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

Issues

Is the requestor entitled to reimbursement for CPT code 97750-FC-GP rendered on August 20, 2019?

Findings

1. The requestor is seeking payment of \$949.44 for CPT code 97750-FC-GP rendered on August 20, 2019.
2. CPT code 97750-FC-GP is described as Functional Capacity Evaluation.
3. The respondent denied reimbursement for the disputed services based upon “29-The time limit for filing has expired.”
4. To determine if the disputed 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.”
 - 28 TAC §133.10(f)(1)(R) states, “All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form. (1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers’ compensation health care: (R) diagnosis pointer (CMS-1500, field 24E) is required.”
 - 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 §133.20(g) states, “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”
 - 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 all the documentation and finds:
 - The dates of service in dispute are August 20, 2019.
 - Both parties agree that the requestor initially billed CPT code 97750-FC-GP on 08-27-2019.

- The respondent wrote the requestor on September 7, 2019 that bill was incomplete because “Omitted Diagnosis Code.”
- Per 28 TAC §133.10(f)(1)(R), the diagnosis code is a required element for a complete bill.
- The requestor corrected the bill and faxed the bill to the respondent on December 6, 2019.
- Per 28 TAC §133.20(g) the corrected bill is a new bill.
- CPT code 97750-FC-G3 was denied reimbursement based upon time limit for filing claim had expired. The bill was 108 days past the date of service.
- The requestor did not 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 | 05/21/2020 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.