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

Requester Name
PARIS SIGNATURE HOME HEALTH

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-20-2478-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
June 9, 2020

REQUESTER'S POSITION SUMMARY

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: $7,777.35

RESPONDENT'S POSITION SUMMARY

"PARIS SIGNATURE HOME HEALTH received a duplicate bill from the provider, the initial bill that was audited was received 12/23/2019 … The duplicate bill was received 1/10/2020 and denied by audit staff appropriately, no other documentation submitted with the bill."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 29 – September 28, 2019	Home Health Care Services	$7,777.35	$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 (DWC).

Background

1. 28 Texas Administrative Code §133.20 (b) sets out the requirements for submitting a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-29 – Time limit for filing has expired.
   - 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
   - CAC-18 – Exact duplicate claim/service

- 224 – Duplicate charge.

Issues

Is Paris Signature Home Health entitled to reimbursement for the services in question?

Findings

Paris Signature Home Health is seeking reimbursement for home health services for dates of service August 29 through September 28, 2019. A health care provider is required to submit a medical bill to the insurance carrier or its agent within 95 days from the date of service with few exceptions.[1]

Texas Mutual Insurance Company denied the services in question stating that the time limit for filing had expired. The insurance carrier provided documentation that supports that it received the initial bill on December 23, 2019. This is more than 95 days after all dates of service in question. The DWC finds that no reimbursement is recommended for the services in question.

Conclusion

For the reasons stated above, the DWC finds that the requester has not established that additional reimbursement 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 DWC hereby determines the requester is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		September 16, 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 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 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 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 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.

[1] 28 TAC §133.20 (b)