



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

CHRISTOPHER S EDDLEMAN, MD

Respondent Name

TX PUBLIC SCHOOL WC PROJECT

MFDR Tracking Number

M4-20-2573-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

June 24, 2020

Response Submitted by

Creative Risk Funding

REQUESTOR'S POSITION SUMMARY

"This letter is a formal Appeal for the denial for past timely filing. We had submitted the above claim within the filing deadline, and received payment; however, we had sent the claim to the wrong insurance company and had not realized it until later. Dr. Eddleman wanted [injured employee] to have another CT to check on the healing process, we gave the option to the Patient of where he wanted to have another CT, and he told us that he would like to have it at the facility that his job approves since he was injured on the job. That was when we realized that this claim is Workman's Compensation related... I have attached our system's Summary View and billing log from our EMR and marked where it shows when the claim was originally submitted. I have also attached the Proof of Claims Filing and Timeliness report from our clearinghouse, WayStar. Attached you will also find, the information from Humana MC, EOB, Refund Request, and EOBs from Creative Risk Funding"

RESPONDENT'S POSITION SUMMARY

"Dr. Eddleman's office followed suit by faxing its medical records to CRF on September 17, 2019 (see Exhibit B) ... In summary, the proof of timely filing documentation submitted by Hendrick is insufficient to support the delay in filing its bill with CRF more than seven months after the date of service in question. Consequently, Hendrick forfeited its right to reimbursement for the bill in dispute."

SUMMARY OF FINDINGS

Table with 4 columns: Date(s) of Service, Disputed Service(s), Amount in Dispute, Amount Due. Row 1: July 9, 2019, 61304-AS-78, \$4,070.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §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 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §102.4 sets out the rules for non-Commission communications.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The requestor seeks reimbursement for professional services rendered on July 9, 2019. The IC denied the disputed services due to 95 day filing requirements. Review of the submitted documentation finds the following:
 - Requestor billed Humana Medicare on July 22, 2019
 - Humana Medicare reimbursed the requestor on July 30, 2019
 - May 16, 2020 Humana Medicare requested a refund
 - Workers Compensation insurance carrier requested additional documentation from the requestor on September 16, 2019
 - Requestor billed the workers compensation insurance carrier on February 19, 2020

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

TLC §408.0272 states in pertinent part:

(b) 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; or

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The requestor submitted sufficient documentation to support that a medical bill was submitted to Humana Medicare, a health insurance policy as described in TLC §408.0272. For that reason, the requestor met the requirements of TLC §408.0272.

2. TLC §408.027(a) states, in pertinent part, that “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 that “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.”

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were identified as part of a worker’s compensation injury. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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 on the documentation submitted by the parties and in accordance with the provisions of TLC §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	July 16, 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 TAC §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 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*** along 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