



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

JOHN ANTHONY SAZY MD

Respondent Name

ACIG INSURANCE COMPANY

MFDR Tracking Number

M4-20-2662-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

July 13, 2020

Response Submitted by:

Burns Anderson Jury & Brenner, L.L.P.

REQUESTOR'S POSITION SUMMARY

"The claim was sent on time and Tristar Risk Management received it on November 4, 2019, well within the 95-day filing deadline. They never paid anything. So, we appealed for non- payment and the tracking was attached to the appeal. But apparently, they ignored the tracking and sent us a denial EOB saying they received it late. Claim was sent on time and they received it on time. We would like payment of these claims with interest."

RESPONDENT'S POSITION SUMMARY

"We represent ACIG Insurance Company through its third-party administrator, TriStar Risk Management, regarding the above reference medical fee dispute. This dispute concerns services provided by John A. Sazy, M.D., on August 20, 2019 and October 22, 2019 associated with his work status report. John Sazv, M.D., failed to meet the documentation requirements under 28 Texas Administrative Code§ 129.5."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
August 20, 2019 and October 22, 2019	99213 and 99080-73	\$274.38	\$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. Does the respondent's position statement address only the denial reasons presented to the requestor prior to the date the request for MFDR was filed?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the eservice in dispute?

Findings

1. The requestor seeks reimbursement for disputed services rendered on August 20, 2019 and October 22, 2019. The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), "29-Time limit for filing claim/bill has expired."

28 TAC §133.307(d)(2)(F) states that " 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."

The respondent's position summary states, "John Sazv, M.D., failed to meet the documentation requirements under 28 Texas Administrative Code§ 129.5." The additional denial reason is not indicated on the EOBs presented by both parties for consideration in this dispute. The respondent did not submit information to MFDR to sufficiently support that the denial reason addressed in the position summary was ever presented to the requestor or that the requestor had otherwise been informed of the new denial reasons or defense prior to the date that the request for medical dispute resolution was filed with the DWC; therefore, the DWC concludes that the respondent has waived the right to raise such additional denial reasons or defenses. Any newly raised denial reasons or defenses shall not be considered in this review.

2. Review of the EOBs presented by both parties document that the dispute dates of service were denied with denial reason code "29-Time limit for filing claim/bill has expired."

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." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

3. 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."

Both parties to this dispute submitted documentation for consideration in support of their position. The division reviewed the documentation and finds:

- The requestor submitted a copy of USPS tracking with a handwritten note indicating that it belongs to the injured employee involved in this dispute. However, this information is insufficient to support that this tracking number belongs to this injured employee and is for this dispute.
- The EOBs presented by both parties document that the originally received date of the bill, is April 7, 2020. This EOB all documents the disputed dates of service and includes two additional dates of service, which are not included in this dispute, December 2, 2019, and January 27, 2020.
- The CMS-1500s included in this dispute were submitted for individual dates of service, however the EOB audited by the carrier included 4 dates of service, which do not match the CMS-1500s.
- The respondent denied payment based upon "CAC-29 -The time limit for filing has expired."
- The requestor's documentation supports that the bill was received by the respondent on April 7, 2020. The division finds this date is past the 95-day deadline from the date of service of August 20, 2019 and October 22, 2019.
- The DWC finds that the submitted documentation does not support that a medical bill was submitted within 95-days from the date the services were provided. 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	August 13, 2020 Date
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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