



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 Jacksonville

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-20-2999-01

Carrier's Austin Representative

State Office of Risk Management

MFDR Date Received

August 25, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This bill and appeal were denied for timely filing. The BCBS remittance was attached for proof of timely filing."

Amount in Dispute: \$643.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office reviewed the dispute packet and did not located supporting documentation that met the exceptions in §408.0272. Therefore, the Office will maintain our denial for CARC code 29-Time limit for filing has expired."

Response submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: November 6, 2019, Outpatient Hospital Services, \$643.65, \$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.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
• 29 – The time limit for filing has expired

Issues

Are the insurance carrier’s reason for denial of payment supported?

Findings

The requestor is seeking \$643.65 for outpatient hospital services. The insurance carrier denied disputed services as time limit for filing has expired. The requestor indicates their belief that filing the claim to the claimants’ health insurance within 95 days meets the requirements of timely filing.

28 TAC §133.20 (b) states in pertinent part 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.**

Texas Labor Code 408.0272. (b) states in pertinent part, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if 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 group accident and health insurance, a health maintenance organization or worker’s compensation insurance carrier other than the insurance carrier liable for the payment of benefits.

Review of the submitted documentation found insufficient evidence to support that within ninety-five days of being notified of workers’ compensation coverage other than the group health policy a claim was submitted to the correct workers’ compensation carrier.

The insurance carriers’ denial is supported. No payment is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment 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 division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

		September 25, 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, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to 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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.