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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Metrocrest Surgery Center, LP

Respondent Name

University of Texas System

MFDR Tracking Number

M4-21-2462-01

Carrier's Austin Representative

Box Number 46

DWC Date Received

August 30, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 9, 2021	Ambulatory Surgical Care Services, (ASC) CPT Code 29827	\$6,795.45	\$0.00
	ASC CPT Code 23430	\$3,397.72	\$0.00
Total		\$10,193.17	\$0.00

Requestor's Position

"Claim was timely filed yet carrier refuses to process even with proof of timely filing."

Amount in Dispute: \$10,193.17

Respondent's Position

"Based on the submitted documentation no payment is being recommended at this time. Regarding 28 Texas Administrative Code 102.4(h), acceptable proof of timely filing was not submitted. The proof of timely submitted by the provider does not indicate the bill was delivered and accepted by the carriers clearing house for electronic billing nor does it show the payor id where the bill was submitted which is CB156. Therefore, in accordance with Tex. Lab. Code Ann

408.027, the health care provider and requestor is this Medical Fee Dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.”

Response Submitted by: Injury Management Organization

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
3. 28 TAC §133.20 requires a healthcare provider to timely submit a claim.
4. 28 TAC §102.4(h) sets out rules to determine when written documentation was sent.
5. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- W3-TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is University of Texas’ denial based on untimely filing bill supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$10,193.17 for ASC services rendered on March 9, 2021.
2. The respondent denied reimbursement for the disputed services based upon timely filing claim.
3. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:

- TLC §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 §133.20(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 §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."

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

- The date of service in dispute is March 9, 2021.
- The requestor submitted an EOB that supports bill was received July 26, 2021.
- The requestor submitted a claim history report that does not indicate an electronic submission, fax or personal delivery to the respondent.
- The respondent wrote, "The proof of timely submitted by the provider does not indicate the bill was delivered and accepted by the carriers clearing house for electronic billing nor does it show the payor id where the bill was submitted which is CB156."
- 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

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is [not] entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	10/12/2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.