

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

McAllen ISD

MFDR Tracking Number

M4-22-0081-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

September 16, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 14, 2021	G0463	\$213.46	\$0.00
January 14, 2021	J0702	\$0.00	\$0.00
January 14, 2021	20610	\$236.62	\$0.00
Total		\$450.08	\$0.00

Requestor's Position

The requestor did not submit a position statement but did send a copy of their reconsideration that states, "Doctors Hospital at Renaissance is kindly requesting that the above claim be processed and paid in accordance with Labor Code 408.0272 (2)(c)(1) and not denied as past timely filing."

Amount in Dispute: \$450.08

Respondent's Position

Per the Commissioner's Bulletin #B-004-21, timely filing rule is exempt from the timeframe of 3-1-20 thru 3-1-21. Timely filing rule will start back up on 3-1-21. Therefore, providers had until 6-4-21 (95 days) to submit any old bills. The original bill was received on 6-15-21 which is past the 95-day timeframe. Therefore, it was denied due to untimely filing.

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. 28 TAC §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

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

- T029 – The time limit for filing has expired

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in January 2021. The insurance carrier states the claim was not billed timely.
DWC rule 28 TAC §133.20 (b) states in pertinent part the provider shall not submit a medical bill not later than the 95th day after the date the services are provided unless satisfactory proof of the erroneous submission of a claim to a group accident and health insurance, a health maintenance organization or a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits or a catastrophic event.

The COVID-19 public health disaster did allow for the tolling of claim filing deadlines. The DWC Commissioner issued a Bulletin on January 28, 2021 (B-0004-21) that ended the tolling of the claim filing deadline effective March 1, 2021.

Review of the submitted documentation shows the carrier received the claim on June 15, 2021. This date is beyond ninety-five days from March 1, 2021. The insurance carrier's denial is upheld.

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 additional 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

_____	_____	October 14, 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.