



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EMERGENCHEALTH LLC

Respondent Name

BITCO GENERAL INSURANCE CORPORATION

MFDR Tracking Number

M4-22-2772-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 14, 2021 through December 21, 2021	00400-QZ, 01230-QZ, 36620, 76937-26-59 and 01173-QZ	\$5,096.50	\$0.00
Total		\$5,096.50	\$0.00

Requestor's Position

"On 04/12/2022 our office received an incoming call from Rita Nerren, she stated she was the adjuster handling this patient's claim and she instructed us to send all outstanding claims to Bitco for payment. At the time that we received this telephone call, we had billed additional dates of service to Allsavers for payment. On 04/12/2022 we billed dates of services 12/11/2021, 12/14/2021, 12/19/2021 and 12/21/2021 for payment - see Attachment 4. We received timely filing denials for all dates of service - see Attachment 5. We sent a letter to the carrier for all denied dates of service - see each packet per DOS - requesting reconsideration of the bill, and provided the support documents to show why our claims were not billed to Bitco before the filing deadline. We received payment for the 12/11/2021 date of service - see Attachment 7. We received 2nd denials for our services on 12/14/2021, 12/19/2021 and 12/21/2021. We are unclear as to why they determined the support documents we submitted was sufficient to pay one date of service and not the others."

Amount in Dispute: \$5,096.50

Respondent's Position

"The bills were denied in part due to a failure to timely submit under rule 133.20(b). The carrier's position remains consistent with its EOB."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

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

Statutes and Rules

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.

Denial Reasons

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

- 29 – The time limit for filing claim/bill has expired.
- RM2 – Time limit for filing claim has expired.
- Note: Effective 9/1/05, providers have 95 days to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 408.027 of the Act.
- Note: Per rule 133.20 and section 408.0272 of The Act, your documentation does not meet the criteria for proof of timely filing.

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 dates of service December 14, 2021, December 19, 2021, and December 21, 2021. The insurance carrier denied the disputed services due to the untimely 95-day filing requirements.

The insurance carrier states, "The bills were denied in part due to a failure to timely submit under rule 133.20(b). The carrier's position remains consistent with its EOB."

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 (a)(1) states, "(a) In this section: (1) "Group accident and health insurance" has the meaning assigned by Chapter [1251](#), Insurance Code."

TLC §408.0272 (b) states, "(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..."

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."

TLC §408.027 (c) states, "(c) Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim."

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."

The requestor states in pertinent part, "On 04/12/2022 our office received an incoming call from Rita Nerren, she stated she was the adjuster handling this patient's claim and she instructed us to send all outstanding claims to Bitco for payment... On 04/12/2022 we billed dates of services 12/11/2021, 12/14/2021, 12/19/2021 and 12/21/2021 for payment - see Attachment 4. We received timely filing denials for all dates of service..."

The requestor indicates that their office was notified of the workers compensation carrier on April 12, 2022 via a phone call from the adjuster handling the workers compensation claim. The requestor further indicates that the dates of service in dispute were billed to the correct carrier on April 12, 2022, the day they were notified that this was a workers compensation claim.

The DWC finds that the requestor submitted sufficient documentation (copy of an EOB from United Healthcare) to support that a medical bill for date of service December 11, 2021 was submitted timely to the workers compensation carrier, the insurance carrier subsequently reimbursed the requestor for this date of service, which was not in dispute.

Review of the submitted documentation finds insufficient documentation to support that a medical bill for dates of service 12/14/2021, 12/19/2021 and 12/21/2021 was submitted within 95 days from the date the requestor was notified that this was a workers compensation claim.

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

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.

The DWC finds the requestor has not established that reimbursement of is due.

Order

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

Authorized Signature

_____	_____	November 14, 2022
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.