

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PROVIDENCE
TRANSMOUNTAIN

Respondent Name

CHURCH MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-0159-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

September 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 3, 2021	Outpatient Hospital Service	\$1,162.58	\$0.00
Total		\$1,162.58	\$0.00

Requestor's Position

"The above referenced claim was denied due to untimely filing. The timely filing deadline is 1 year from discharge. Claim initially billed to incorrect address, it was not nyil [sic] 5/19/2022 we duodated [sic] our records and billed claim to correcmailing [sic] address."

Amount in Dispute: \$1,162.58

Respondent's Position

"Requestor has incorrectly stated that the timely filing deadline is one year from discharge. Per DWC Rule 133.20(b), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. Requestor also incorrectly stated that an exception to the timely filing rule is because they billed to the wrong address. However, the only exception DWC Rule 133.20(b) is Tex. Labor Code 408.0272(b) which states if a health care provider erroneously filed for reimbursement with a group health insurance or another workers' compensation carrier, the health care provider shall submit the medical bill within 95 days of notification of the erroneous submission.

Requestor has not submitted satisfactory proof of an erroneous submission that the medical bill was incorrectly filed with a group health insurance company or other worker's compensation insurance company. Therefore, no reimbursement is owed for the untimely filing of the medical bill."

Response Submitted by: Downs Stanford PC

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 (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. TLC §408.027 sets out the rules for payment of health care provider.
4. TLC §408.0272 provides for certain exceptions for untimely submission of a claim.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing errors
- 270 – No allowance has been recommended for this procedure/service/supply please see special note below
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- P12 – Workers' compensation Jurisdictional fee schedule adjustment

Issues

1. Is the timely filing deadline applicable to the medical bills in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The requestor in dispute states in their position statement "claim initially billed to incorrect address."

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.

Texas Labor Code §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 §102.4(h) states: (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 must be the next previous day that is not a Sunday or legal holiday.

DWC finds insufficient documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in dispute. Therefore, the requestor in this dispute was required to submit the medical bill no later than the 95 days after the date the health care services were provided.

2. Review of the information provided finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the service 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 service.

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 requestor has established that reimbursement is not 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



January 27, 2023

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.