

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TEXAS SPINE AND JOINT HOSPITAL

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-23-2900-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

July 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2022 through December 29, 2022	97530-GP-59, and 97110-GP	\$5,208.00	\$0.00
Total		\$5,208.00	\$0.00

Requestor's Position

"The Hospital first billed the State Office of Risk Management ("SORM") on 1/16/2023, by certified mail. Thereafter, a corrected bill with a corrected diagnosis code was submitted to SORM 2/28/23. SORM then sent correspondence to the Hospital indicating that they were unable to process the corrected bill because the itemized statement was allegedly illegible. This letter was dated March 17, 2023. The Hospital did not receive this correspondence until April 5, 2023. The same day, they submitted a corrected bill with a legible itemized statement to SORM. SORM then denied the claim for timely filing. An appeal was submitted on the Hospital's behalf on May 25, 2023, but SORM upheld the timely filing denial."

Amount in Dispute: \$5,208.00

Respondent's Position

Date of service	Date Received	Billed Charges	Denial Reason	Rationale
12/6/22-12/31/22	1/20/23	\$5,208.00		Returned to the provider as an incomplete medical bill due to Box 76 not including the attending physician's Texas Medical license number.
12/6/22-12/31/22	2/28/23	\$5,208.00		Returned to the provider as the itemized statement was not legible for processing.
12/6/22-12/31/22	4/10/23	\$5,208.00		Returned to the provider as an incomplete medical bill due to Box 76 not including the attending physician's Texas Medical license number.
12/6/22-12/31/22	4/21/23	\$5,208.00	29-Time limit for filing has expired.	Complete bill received on the 113th day from the last date of service.
12/6/22-12/31/22	5/25/23	\$5,208.00	29-Time limit for filing has expired.	Complete request for reconsideration received on the 146th day from the last date of service.

Response Submitted by: SORM

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. 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 – Time limit for filing has expired.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Is the insurance carrier's timely filing denial supported?

Findings

1. The requestor seeks reimbursement for dates of service December 6, 2022 through December 31, 2022.

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." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

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."

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."

2. The insurance carrier in support of the 95-day timely filing denial included copies of rejection letters, dated January 23, 2023, March 17, 2023 and April 4, 2023 requesting corrections to the medical bills prior to processing. The corrections were made and the complete medical bill was submitted after the 95-day timely filing requirement, supported by the EOB dated April 21, 2023.

The DWC finds that the requestor submitted insufficient and/or no documentation to support that a medical bill was submitted within 95 days from the date the services 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 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 requester has established that reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 17, 2023
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.