Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:	
DR JOHN SMITH 123 MAIN STREET DALLAS, TX 11111	MFDR Tracking #: M4-11-1311-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:	Date of Injury:
ABC INSURANCE BOX #: 05	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: Claims for dates of service 04/12/2010 and 04/15/2010 were denied for timely filing on both 8/30/2010 and 10/13/2010…we were informed that both these claims were never received and discovered it was due to wrong mailing address. We were given the correct mailing address to send the claims appropriately. When both claims were denied for timely filing we attempted to appeal this decision based on the standards that we were given wrong information to begin with. We appealed dates of service 04/15/2010 on 09/16/2010 and date of service 04/12/2010 on 10/04/2010. Upon talking to Cue Lee the patient's adjuster, he stated that Traveler's Peer Review is maintaining the original denial of timely filing and stating that there is not sufficient proof of timely filing provided. We feel that these claims should be processed and paid because the claims were sent to the wrong mailing address in the first place due to information that was beyond our control, and when providing proof of timely filing we provided the appropriate print screen with original filing dates which is considered sufficient proof of filing within the time frame.

Amount in Dispute: $2,830.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Billing for both dates of service was received by the Carrier on 08-12-2010, as documented by the attached Explanation of Benefits. The Carrier reviewed the billing and denied the bill as untimely filed…Rule 133.20(b) requires the Provider submit the bill within 95 days of the date of service, and consequently the bill was not timely submitted. Although the Provider alleges an earlier submission date, the only documentation presented to support that allegation shows only that billing was printed, not that the billing was actually mailed or faxed to a valid contact for the Carrier. In fact, the Provider admits they did not mail the billing to the proper address for the Carrier. The presumption of Rule 102.4(h) applies based on the later date, which is the Carrier's received date. As such, the documentation is insufficient to support timely filing, and the Carrier properly denied the medical bill.

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
04/12/2010	62290 72295 62290-51 72295-26 x 2 72295-51	N/A	$2,830.00	$0.00
04/15/2010	99213			
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Tex. Admin. Code §102.4 set out the rules for Non-Commission Communications.
4. Texas Labor Code §408.0272 set out the rules for certain exceptions for untimely submission of a claim by a health care provider.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 08/30/10

- 29- The time limit for filing has expired. Per Texas Labor Code 480.027, bills must be sent to the Carrier on a timely basis, within 95 days from dates of service.

Explanation of benefits dated 10/08/10 & 10/18/10

- W4-No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §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 §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin. Code §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."

   Review of the documentation submitted by the Requestor finds a copy of two medical bills with printed date 12/08/2010 in box 31. Two EOB's dated of 08/30/10, 10/08/10 &10/18/10 and a print screen of Requestor's billing history. No documentation was found to sufficiently support that the medical bill was submitted to the Respondent within 95 days from the date the services were provided.

2. In accordance with Tex. Lab. Code Ann. §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.