



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Providence Memorial Hospital

Respondent Name

Travelers Indemnity Co

MFDR Tracking Number

M4-17-0571-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

October 31, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The Hospital's records reflect the patient suffered a fall at work causing injury to the shoulder. The above-referenced date of service is related to that injury. We requested Travelers Insurance reconsider the payment amounts and issue additional reimbursement, but no payment was rendered."

Amount in Dispute: \$177,998.83

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This Request for Medical Fee Dispute Resolution should be dismissed under Rule 133.307(f)(3)(D) for failing to comply with the provisions of Rule 133.307. ...The Carrier denied reimbursement on the basis that the billing was not timely submitted to the Carrier. As documented by the original billing submission, attached hereto, the Provider mailed their billing to the Carrier, as documented by the USPS certified mail number in the lower right hand corner. It was received by the Carrier on 09-06-2016. Per Rule 133.20(b), the billing was required to be submitted within 95 days of the date of service."

Response Submitted by: Travelers Indemnity Co

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: October 29 - 31, 2015, Inpatient Hospital Services, \$177,998.83, \$0.00

FINDINGS AND DECISION

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

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.

5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - 937 – Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service.

Issues

1. Is the request for medical fee dispute resolution timely per applicable Division rules?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The services in dispute are for inpatient hospital services rendered from October 29, 2015 to October 31, 2015 in the amount of \$177,998.83.

The carrier states, “As indicated by the Division’s date stamp, the Request was filed on 10-31-2016, and consequently was not timely filed.”

28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The service in dispute is an inpatient hospital admission. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 31, 2016. This date is one year after the discharge date which represents the completion of the inpatient hospital service.

The Division concludes that the dispute was filed timely.

2. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “The time limit for filing has expired.” and 937 – “Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service.” Texas Labor Code §408.027 (a) provides that:

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.

The health care provider was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

3. Texas Labor Code §408.027(a) states 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 Texas Administrative Code §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.

