



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ULTIMATE PAIN SOLUTIONS

Respondent Name

CITY OF HOUSTON

MFDR Tracking Number

M4-17-3119-01

Carrier's Austin Representative

Box Number 29

MFDR Date Received

June 22, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This is in reference to the EOB's received of no payment due to invalid diagnosis code and proof of timely filing, at which is correct and has been provided... Our diagnosis is correct."

Amount in Dispute: \$13,464.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The request for recommendation on dates of service 6/7/-6/22/16 are past the time frame for requesting MDR. We are requesting the Division dismiss the Medical Dispute Request related to these dates of service because the requestor did not file timely... In regard to dates of service 7/8-9/23/17 [sic] we find the provider did not comply with the request to submit a complete and valid ICD10 code containing all 7 characters required by CMS Guidelines. Nor did they submit billing until well after the 95-day filing requirements time frame per TDI Rule. In addition, no valid proof of timely filing was submitted within the requirements under the rule."

Response Submitted by: IMO

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
June 7, 2016 through September 23, 2016	99204, 99080-73, 97110, 97140, 99213, 99214, 97750, 95913, 95937, A4556, A4558 and A4215	\$13,464.00	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out the medical bill submission procedures for health care providers.
- 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
- Texas Labor Code §408.027 sets out the provisions related to payment of health care providers.
- Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - Note: The attached bill is being returned due to invalid CPT Codes [diagnosis codes]. Please correct and resubmit along with acceptable proof of timely filing

Issue(s)

1. Did the requestor waive the right to medical fee dispute resolution for dates of services, June 7, 2016, June 15, 2016 and June 17, 2016?
2. What is the timely filing deadline applicable to the medical bills for dates of service June 22, 2017 through September 23, 2016?
3. Did the requestor forfeit the right to reimbursement for the service(s) in dispute?

Findings

1. The requestor seeks reimbursement for CPT Codes 99204-25, 99080-73, 97110-GP x 2 and 97140-GP rendered on June 7, 2016, June 15, 2016 and June 17, 2016.

28 Texas Administrative Code §133.307(c) (1) states in pertinent part, "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 date of the services in dispute are June 7, 2016, June 15, 2016 and June 17, 2016. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on June 22, 2017. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for dates of service June 7, 2016, June 15, 2016 and June 17, 2016.

2. The requestor seeks reimbursement for dates of service June 22, 2017 through September 23, 2016, CPT Codes 99080-73, 97110, 97140, 99213, 99214, 97750, 95913, 95937, A4556, A4558 and A4215. The insurance carrier noted on a "Review Analysis" document the following: "The attached bill is being returned due to invalid CPT Codes [diagnosis codes]. Please correct and resubmit along with acceptable proof of timely filing."

28 Texas Administrative Code §133.20(b) requires that, 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." Texas Labor Code §408.0272(b) provides that: 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; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The requestor submitted insufficient documentation to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the service(s) in this dispute. For that reason, 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."

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the service(s) were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

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 services in dispute.

Authorized Signature

_____	_____	_____
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 in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** form (**DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

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