



**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**

ECCARE PROFESSIONAL ASSN. OF TEXAS, PA  
GREGORY P. ENNIS, MD, PA

**Respondent Name**

TRAVELERS PROPERTY CASUALTY CO

**MFDR Tracking Number**

M4-18-3387-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

MAY 15, 2018

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please find a complete CMS 1500 claim form along with the required TDI-DWC forms, and the narrative reports required for adjudication of health care claims enclosed in this transmission."

**Amount in Dispute:** \$1,750.00

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The respondent did not submit a position summary.

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 30, 2017	CPT Code 99456-WP	\$1,100.00	\$0.00
	CPT Code 99456-W6-RE	\$500.00	\$0.00
	CPT Code 99456-MI (X3)	\$50.00/ea. X 3 = \$150.00	\$0.00
TOTAL		\$1,750.00	\$0.00

**FINDINGS AND DECISION**

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

## **Background**

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. The insurance carrier reduced / denied payment for the disputed services with the following claim adjustment reason codes:
  - 29-The time limit for filing has expired.
  - 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

## **Issues**

Did Dr. Ennis timely submit his medical bill to Travelers for payment?

## **Findings**

According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason codes "29-The time limit for filing has expired," and "4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service."

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 Texas Administrative 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."

A review of the submitted documentation finds:

- Designated Doctor Evaluation report dated November 30, 2017
- DWC-69 report dated December 13, 2017
- Letter to claimant dated December 13, 2017
- ODG Comorbidity Calculator
- Thoracic Spine MRI dated December 11, 2017
- DWC-68
- TDI Memo dated April 3, 2014
- Letter from TDI approving additional time to complete Designated Doctor report dated December 13, 2017
- TDI's Outreach and Oversight MMI/IR training worksheets

The division finds the above reports do not sufficiently support when the disputed bills were sent to the insurance carrier. The requestor did not submit any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to Travelers. in accordance with Texas Labor Code §408.027(a). The division concludes the respondent's denial of payment based upon reason codes "29" and "4271" is supported.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that 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 disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

9/20/2018

**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, effective May 31, 2012, *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 MDR 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.**