



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

Green Oaks Physical Therapy

Respondent Name

University of Texas System

MFDR Tracking Number

M4-18-4384-01

Carrier's Austin Representative

Box Number 46

MFDR Date Received

July 19, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We were diligent in billing all dates of service timely."

Amount in Dispute: \$905.02

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per 28 TAC §102.4(h), acceptable proof of timely filing was not submitted."

Response Submitted by: Injury Management Organization, Inc

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 21 – 27, 2017	Physical Therapy	\$905.02	\$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 requirements of medical bill submission.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing claim/bill has expired
 - 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly

Issues

- 1. Was the claim submitted within Division guidelines?

Findings

- 1. The requestor is seeking \$905.02 for physical therapy services rendered July 21 – 27, 2017. The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.”

28 Texas Administrative Code §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Review of the submitted documentation found document named “BillPopup” for dates of service July 21, 2017, July 25, 2017 and July 27, 2017. In each instance the message “Claim not found” appears. This document does not support the claims were received by the carrier.

Also found within the submitted documents were fax confirmations to “CLAIMS” on November 3, 2017 and December 4, 2017. These dates are outside the 95 day filing requirement of the rule cited above.

The carrier’s denial is supported. No additional payment is recommended.

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 on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 2, 2018
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 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. **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.