



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

Baylor Surgicare at North Dallas

Respondent Name

Dallas County

MFDR Tracking Number

M4-18-4835-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

August 9, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please review the enclosed proof of timely filing which included billing history, system notes as well as fax confirmation sheets. We have 95 days from the time we have the correct billing information. We have repeatedly submitted this via both fax, electronically and by mail."

Amount in Dispute: \$3,076.43

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Respondent contends Requestor know or should have known the injury should have been billed to the workers' compensation carrier within 95 days from the date of service and the time limit for filing expired. Reconsideration was filed on April 30, 2018 and again was denied for the same reason as before and the Carrier maintained their dispute. Reconsideration was filed again and received on May 22, 2018 and again was denied for the same reason as before and the Carrier maintained their dispute."

Response Submitted by: Knott & Doyle

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2017	26107, 76000	\$3,076.43	\$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 the billing requirements for medical claim to workers

compensation carriers.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - 193 - Original payment decision is being maintained

Issues

1. Was the claim submitted timely?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered November 15, 2017 in the amount of \$3,076.43. The carrier denied as 29 – “The time limit for filing has expired.”

28 Texas Administrative Code §133.20 (b) requires

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. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

Review of the submitted information found insufficient evidence to support that the requestor sent the bill to another carrier. There was evidence to support that a claim received by the carrier was missing information. The requestor was notified of the missing information February 9, 2018.

28 Texas Administrative Code §133.20 (g) states,

Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.

The carrier submitted evidence that a complete bill was received March 15, 2018. However, this date is after 95 days from the date of service. The carrier's denial is supported.

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

September 19, 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.