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 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INTEGRA SPECIALTY GROUP PA
8108 FOX CREEK TRAIL
DALLAS TX 75249

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
AMERICAN HOME ASSURANCE CO

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-09-4568-01

MFDR Date Received
DECEMBER 23, 2008

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On November 3, 2008 our request for reconsideration was received by Hartford, PO Box 14214 – Lexington, KY 40512 regarding the bills for the claimant [injured worker]. The carrier claim number is [claimant claim number] and the social security number is [social security number].

The carrier has failed to provider the original response EOB's for the outstanding date of service of 1/08/08… and 7/21/08. Also the carrier has failed to provide Request For Reconsideration EOB's. Instead the carrier sent copies of RFR HCFA's back to the HCP indicating that the bills did not get process based on an invalid NPI number. The NPI # is list [sic] on each and every HCFA as well as the doctor's license number, and both of those numbers are 100% correct…

Attached you find a copy of all documents relevant to these transactions including; the RFR Position Statement, a charge of disputed items, proof carrier received request for Reconsideration, original response EOB received, relevant HCFA forms, carrier request for reconsideration response EOB's, relevant SOAP notes, and other relevant documentation."

Amount in Dispute: $8,544.91

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary as stated on the Table of Disputed Services: "No record of receipt of billing timely. NPI #s for DC provider did not submit NPI # for facility."

Response Submitted by: American Home Assurance, 300 S. State St., Syracuse, NY 13202

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 8, 2008, January 14, 2008, January 24, 2008	CPT Codes 73560-WP, 99204 and 99080-73 CPT Code 99212 CPT Code 99212	$333.15	$0.00
February 14, 2008	CPT Codes 99212 and 99080-73	$62.83	$47.83

March 25, 2008 through July 17, 2008	CPT Code 99080-73 (1 report per month)	$75.00	$0.00
March 25, 2008 through April 17, 2008	CPT Codes 99212	$212.16	$212.16
April 22, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97112, 97140, 99212	$249.31	$249.31
April 23, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), and 99211	$149.01	$149.01
April 24, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97112, 97116, 97140, 99212	$281.01	$281.01
April 28, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97112, 97116, 97140, 99212	$281.01	$281.01
April 30, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97116, 97140, 99212	$241.10	$241.10
May 1, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 97112, 97116, 97140, 99212	$296.63	$296.63
May 5, 2008	CPT Codes 97032 (2 Units), 97110 (3 Units), 97112, 97140, 99212	$287.59	$287.59
May 7, 2008	CPT Codes 97032 (2 Units), 97110 (3 Units), 97112, 97140, 99212	$287.59	$287.59
May 12, 2008	CPT Codes 97032 (2 Units), 97110 (3 Units), 97112, 97140, 99212	$287.59	$287.59
May 14, 2008	CPT Codes 97032 (2 Units), 97110 (3 Units), 97112, 97140, 99212	$287.59	$287.59
May 19, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97112, 97140, 99212	$249.31	$249.31
May 21, 2008	CPT Codes 97032 (2 Units), 97110 (2 Units), 97112, 97140, 99212	$249.31	$249.31
June 6, 2008	CPT Code 99213	$84.72	$84.72
June 11, 2008	CPT Codes 97016, 97032 (2 Units), 97110 (2 Units), 97112, 97140, 99212	$269.87	$269.87
June 12, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (3 Units), 97112, 97140, 99213	$334.89	$334.89
June 16, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Unites), 97112, 97140, 99212	$264.93	$264.93
June 18, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 99211	$164.63	$164.63
June 19, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 97112, 97140, 99213	$296.61	$296.61
June 23, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 97112, 97140, 99213	$296.61	$296.61
June 24, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 97112, 97140, 99213	$296.61	$296.61
June 25, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (2 Units), 97112, 97140, 99213	$296.61	$296.61
June 26, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (3 Units), 97112, 97140, 97213	$334.89	$344.89
July 8, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (3 Units), 97112, 97140, 99212	$303.21	$303.21
July 9, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (3 Units), 97112, 97140, 99212	$303.21	$303.21
July 10, 2008	CPT Codes 97032 (2 Units), 97035, 97110 (3 Units), 97112, 97140, 99213	$334.89	$334.89

July 11, 2008	CPT Code 97750-FC	$638.72	$638.72
July 17, 2008	CPT Codes 99213	$84.72	$84.72
July 21, 2008	CPT Codes 97545-WH, 97546-WH	$409.60	$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 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §129.5 sets out the procedures for health care provider to submit Work Status Reports.
4. 28 Texas Administrative Code §133.10 sets out the procedures for required billing forms/formats.
5. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
6. Texas Labor Code §408.027 sets out the procedures for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the procedures for certain exceptions for untimely submission of a claim by a health care provider.
8. 28 Texas Administrative Code §134.203 sets out reimbursement for professional services.
9. 28 Texas Administrative Code §134.204 sets out reimbursement for Workers' Compensation specific services.
10. The services in dispute were reduced/denied by the respondent with the following reason codes:

    Explanation of benefits:
    - 29 – The time limit for filing has expired. Per Texas Labor Code 408.027 bills must be sent to the carrier on a timely basis. Within 95 days from the dates of service.

Issues

1. Did the requestor support that they timely filed the disputed dates of service January 8, 2008 through January 24, 2008 and July 17, 2008 through July 21, 2008?
2. Did the health care provider submit the proper NPI number?

Findings

1. Per Texas Labor Code §408.027 bills must be sent to the carrier on a timely basis, within 95 days from the dates of service." The respondent denied dates of service January 8, 2008 through January 24, 2008 and July 21, 2008 using denial code 29 – "The time limit for filing has expired. Review of the submitted information finds insufficient documentation to support that the disputed services were timely submitted. As a result, the amount ordered is $0.00.

   The respondent, in their response to the request for medical fee dispute resolution, denied date of service February 14, 2008, CPT Code 99212 as not timely filed. In accordance with Texas Administrative Code §133.307(d)(2)(B)The response shall address only those denial reasons presented to the requestor prior to the date the request for MDR was filed with the Division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. As a result, the amount ordered is the requestors billed amount of $47.83.

   The respondent, in their response to the request for medical fee dispute resolution, denied date of service February 14, 2008, CPT Code 99080-73 as not timely filed. In accordance with Texas Administrative Code §133.307(d)(2)(B)The response shall address only those denial reasons presented to the requestor prior to the date the request for MDR was filed with the Division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. However, in accordance with 28 Texas Administrative Code §129.5(d) the doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions. Review of the Work Status Report does not show a change of work status or substantial change in activity restrictions. As a result, the amount ordered is $0.00.

2. The requestor billed CPT Code 99080-73, Work Status Reports, on dates of service March 24, 2008, April 14, 2008, May 14, 2008, June 12, 2008 and July 17, 2008. These dates of service were denied for "PLEASE SUBMIT THE BILL WITH THE PROPER NPI NUMBER." Per 28 Texas Administrative Code §133.10 review of the submitted information finds insufficient documentation to support the NPI number is not the proper NPI number; therefore, the above denial reason is not supported. The disputed services will therefore be reviewed for payment in accordance with applicable Division rules and fee guidelines. In accordance with 28 Texas Administrative Code §129.5(d) the doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions. Review of the Work Status Reports do not show a change of work status or substantial change in activity restrictions. As a result, the amount ordered is $0.00.

   On November 12, 2008 the respondent sent a letter to the requestor asking that the requestor "PLEASE SUBMIT THE BILL WITH THE PROPER NPI NUMBER." Review of the CMS-1500's for dates of service March 25, 2008 through July 17, 2008 shows the NPI number for the treating doctor, Edward A. Breeding, DC, who is also the treating doctor of record, and NPI number for Darren D. Howland, DC. Both providers are part of the Integra Specialty Group, PA. Per 28 Texas Administrative Code §133.10 review of the submitted information finds insufficient documentation to support the NPI number is not the proper NPI number; therefore, the above denial reason is not supported. The disputed services will therefore be reviewed for payment in accordance with applicable Division rules and fee guidelines. As a result, the amount ordered in accordance with 28 Texas Administrative Code §134.203(c)(1), is $7,674.33.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $7,722.16.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $7,722.16 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		March 8, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing 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 §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

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