



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

United Health Care

Respondent Name

Metropolitan Transit Authority

MFDR Tracking Number

M4-10-3336-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 22, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "United Healthcare asserts that it paid medical service claims totaling \$1,004.60 which clearly should have been billed to, and paid in good faith by the workers' compensation carrier in this case."

Amount in Dispute: \$1,004.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Self-insured asserts that this medical fee dispute was filed prematurely."

Response Submitted by: Flahive, Ogden & Latson, 504 Lavaca, Suite 1000, Austin, Texas 78701

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 15, 2008	Radiology Services, Evaluation & Management Service and Emergency Room Services	\$1,004.60	\$585.57

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. Texas Labor Code §409.0091 sets out the requirements for health care insurers to bill for and receive reimbursement from workers' compensation carriers for services provided to covered Texas injured employees.
2. 28 Texas Administrative Code §102.3 applies to the computation of time.
3. 28 Texas Administrative Code §140.7 applies to Health Care Insurer Reimbursement.
4. 28 Texas Administrative Code §140.8 applies to Reimbursement of Medical Benefits.
5. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Issues

1. Did the health care insurer timely file a request for reimbursement from the workers' compensation insurance carrier?
2. Were the workers' compensation insurance carrier denial reasons supported?
3. Is reimbursement due to the health care insurer?

Findings

Texas Labor Code §409.0091 was added by Acts 2007, 80th Leg., R.S., Ch. 1007 (H.B. 724), Sec. 8, and is effective for dates of injury on or after September 1, 2007, with few exceptions. The requestor of this medical fee dispute is Medrecovery management. Medrecovery management is an authorized representative of United Healthcare - a health care insurer as defined by Texas Labor Code §409.0091(a). Medrecovery management and United Healthcare are collectively referred to as the subclaimant for the purposes of this medical fee dispute. Texas Labor Code §409.0091(c) states that health care paid by a health care insurer may be reimbursable as a medical benefit. The subclaimant alleges it paid for services provided to an injured employee with a compensable Texas workers' compensation claim and is seeking to recover \$1,004.60 from Metropolitan Transit Authority - a Texas workers' compensation insurance carrier – hereto after referred to as the carrier. The provisions of Texas Labor Code §409.0091, and 28 Texas Administrative Code Rules §§140.7 and 140.8 apply to this request for reimbursement and are hereby considered.

1. In order for the subclaimant to recover amounts it paid on behalf of the injured employee that received the services in dispute, the subclaimant must request reimbursement from the carrier in the form, manner and timeframes prescribed by Texas Labor Code §409.0091. Two concurrently running deadlines limit the subclaimant's timeframe for a request for reimbursement from the carrier. These are found at Texas Labor Code §409.0091(n). The subclaimant's submission for reimbursement must be sent not later than six months from the date of a data match, and not later than 18 months from the date that the subclaimant originally paid health care providers for the services in dispute. The division now considers the available documentation in order to establish the date of a request for reimbursement, the data match date, and the date that the subclaimant originally paid for the services in dispute.

Date of Request for Reimbursement

The subclaimant is required to provide the information denoted in Texas Labor Code §409.0091(f) with any request for reimbursement it makes to the carrier. Division rule at Title 28 Texas Administrative Code §140.8(c) (1) requires that the request for reimbursement "be in the form and manner prescribed by the Division of Workers' Compensation (Division) and must contain all the required elements on the form." The division prescribed DWC Form-026 titled *REQUEST FOR REIMBURSEMENT OF PAYMENT MADE BY THE HEALTH CARE INSURER* for use by subclaimants when making a request for reimbursement pursuant to §409.0091.

The subclaimant alleges that it first billed the carrier using DWC Form-026 in December 9, 2009. Review of the documentation available finds correspondence dated March 8, 2010 from Starr Comprehensive solutions, a representative of the carrier. The letter is addressed to MedRecovery Management to the attention of Susan Esford and states that "On January 5, 2010, we received your DWC-26 form requesting reimbursement for the above named patient, date of service, and billed amount." This correspondence referred to the same injured employee, and date of service involved in this medical fee dispute.

The division therefore concludes that the subclaimant billed the carrier on or about December 9, 2009.

Data Match Date

The requestor alleges that it received a data match pursuant to Texas Labor Code §402.084(c-3) from the division on November 19, 2009. A sworn affidavit dated January 22, 2010 and signed by Susan Esford, a representative of the subclaimant, affirms that a response file named tx161510689142073027411289245251p20091026091015.zip was sent by the division and received

by the subclaimant. The subclaimant further affirms that the file contained 11,400 separate matches including one match to the name, and division-assigned claim number consistent with the injured employee identified as the recipient of the services in dispute. Comparison to the division's records supports the assertions made by the requestor in the sworn affidavit.

The division finds that the subclaimant reasonably supported that it received a data match identifying the injured employee that received the service in dispute on November 19, 2009.

Payment Dates

A document titled "United Healthcare TX U Billing Transmittal" which identified the injured employee that received the services in dispute, and which supports that the health care insurer or subclaimant:

- paid \$192.80 to health care provider Singleton Associates PA, tax id 741680498 on October 23, 2008, for professional services totaling \$304.00, provided on October 15, 2008;
- paid \$601.00 to health care provider St Luke's Episcopal Hospital, tax id 741161938 on October 23, 2008, for hospital services totaling \$3,558.50, provided on October 15, 2008; and
- paid \$210.80 to health care provider James Jackson, tax id 760588447 on October 22, 2008, for professional services totaling \$248.00, provided on October 15, 2008.

The division finds that the subclaimant supported that it paid for the services in dispute.

Comparison of the data match date to the date of the subclaimant's request for reimbursement from the carrier finds that the subclaimant billed the carrier within the required 6 month deadline. Furthermore, comparison of the dates that the subclaimant paid for the services in dispute to the billing date finds that the subclaimant sent a request for reimbursement from the carrier within the required eighteen month deadline. The division concludes that the subclaimant met both timeliness requirements of Texas Labor Code §409.0091(n).

2. On March 8, 2010 the carrier sent a letter to the subclaimant explaining why the subclaimant's request for reimbursement was not processed. This letter reads, in pertinent part:

On January 5, 2010 we received your DWC-26 form requesting reimbursement for the above named patient, date of service, and billed amount. In order to assist us with your request, please provide the following information:

- The date you received the Claims Data provided by the DWC under Section 402.084 c-3.
- Copy of the medical records substantiating the 10/15/08 services rendered by St Luke's Episcopal Hospital, Singleton Associates and James Jackson.

In regards to the data match date, Texas Labor Code §409.0091 does not specifically require a data match date with the initial request for reimbursement, nor did the version of the DWC Form-026 submitted at the time require the data match date. Although the data match date is not "statutorily required" as part of a request for reimbursement as the carrier alleges, the division finds the carrier's request for the data match date is reasonable and relevant as a request for additional information pursuant to Texas Labor Code §409.0091(j). Documentation found supports that the subclaimant previously provided the respondent with a sworn affidavit attesting to the data match file named tx161510689142073027411289245251p20091026091015.zip dated January 22, 2010. The affidavit contained very detailed information about the data match request file to the division, and response file from the division. The subclaimant also offered an explanation that that a copy of the data match file could not be provided because it contains "confidential information on a large number of individuals and workers' compensation cases." The division compared the data match information on the sworn affidavit to its records and was able to verify the existence of a data match containing information related to the specific injured employee involved in this medical fee dispute.

In regards to the request for medical records for the services provided, the division notes that Texas Labor Code §409.0091(f) does not require medical records as part of a request for reimbursement under §409.0091. Additionally, the division notes that the intent of the Law at Texas Labor Code §409.0091 was for health care insurers and workers' compensation insurance carriers cooperate and be reasonable when it came to requests for medical records. Specifically, the adoption preamble to 28 Texas Administrative Code §140.8 adopted to be effective September 23, 2008, 33 TexReg 8002, states:

Commenter states that the health care insurer and its agents have no problem providing additional information to a workers' compensation insurance carrier if that information is within the possession of either entity. The commenter also states that this was a good faith agreement between the parties in the legislative negotiations to cooperate when additional information was needed by the workers' compensation insurance carrier...The commenter states that it was recognized that certain information, **such as medical records** [emphasis added], were not in the possession of either the health care insurer or its agents, and the workers' compensation insurance carrier may need that information, the solution was to allow the parties to enter dispute resolution to enable either the agency or an independent review organization to request information in the possession of third parties or that could not be obtained by other means. Agency Response: The Division agrees with the comment in part and agrees to change the wording as follows: "It is the health care insurer's obligation to furnish its authorized representatives with any information within its possession or control that is necessary for the resolution of a reimbursement request." Also, hearing officers have been delegated authority to approve subpoena requests to enable parties to properly prepare and possibly reach an agreement before requesting dispute resolution.

Review of the information and documentation provided including the initial DWC Form-026 and the subsequent information provided by the subclaimant finds that the workers' compensation insurance carrier had the information necessary to resolve a reimbursement request for the services in dispute. For that reason, the division finds that the carrier's request for medical records is unsupported when taking into account the intent of TLC §409.0091 and 28 TAC §140.8.

The division's medical fee dispute resolution program concludes that the information and documentation provided by the subclaimant is sufficient to substantiate that a complete and timely request for reimbursement was made. For that reason, the division finds that the services in dispute are eligible for payment pursuant to Texas Labor Code §409.0091(h).

3. For the reasons stated above, the division finds that the services in dispute are eligible for payment. Applicable Texas Labor Code §409.0091(h) states, in part:

For each medical benefit paid, the workers' compensation insurance carrier shall pay to the health care insurer the lesser of the amount payable under the applicable fee guideline...or the actual amount paid by the health care insurer.

The Texas medical fee guidelines are found at Title 28, Part 2, of the Texas Administrative Code (TAC). The general Medical Reimbursement Rule at 28 Texas Administrative Code §134.1(e) requires that:

(e) Medical reimbursement for health care not provided through a workers' compensation health care network shall be made in accordance with:

- (1) the Division's fee guidelines;
- (2) a negotiated contract; or
- (3) in the absence of an applicable fee guideline or a negotiated contract, a fair and reasonable reimbursement amount as specified in §134.1(f).

Since there is no evidence of a contract – certified under 1305 or otherwise - the division first examines the fee rules to determine whether a fee guideline exists for the services.

For the disputes professional service codes, and disputed hospital services codes, a division fee guideline exists. The fee rules listed below are therefore used to calculate the division’s fee guideline allowable for comparison to the amounts that the health care insurer (HCI) paid for application of §409.0091(h) as follows:

Date of Service	Service / Rev Code	Zip Code Service Location	Fee Rule 28 TAC	Fee Guideline Allowable	Amount Paid by HCI	§409.0091(h) Lesser of Fee Guideline and HCI Paid
10/15/2008	72050-26	77030	§134.203	\$20.47	\$44.80	\$20.47
10/15/2008	70450-26	77030	§134.203	\$58.35	\$148.00	\$58.35
10/15/2008	450	77030	§134.403	\$422.38	\$601.00	\$422.38
10/15/2008	99283	77030	§134.203	\$84.37	\$210.80	\$84.37
						\$585.57

The total allowable for the services in dispute is \$585.57.

Conclusion

The division concludes that the subclaimant’s request for reimbursement is sufficiently supported. Reimbursement in the amount of \$585.57 is recommended. Pursuant to Texas Labor Code §409.0091(h), the subclaimant may not recover interest as part of this subclaim.

The division emphasizes that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. Even though all the evidence was not discussed, it was considered.

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 \$585.57, without interest, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Manager

February 25, 2016
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 MFDR 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 this *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.