



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

BRYAN EMERGENCY PHYSICIANS

Respondent Name

WORK FIRST CASUALTY CO

MFDR Tracking Number

M4-12-0897-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

NOVEMBER 17, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Claim billed 9/13/11 to Broadspire, denied 10/6/11 due to documentation not received we appealed 10/6/11 with supporting documentation but claim still denies 11/10/11 because information was not received. (See attached Er notes)"

Amount in Dispute: \$96.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed \$295.00 for CPT Code 99283, and submits it is entitled to reimbursement in the amount of \$96.70. The carrier submits that no reimbursement is due for the service rendered. A healthcare provider must submit its bill to the carrier for services rendered within 95 days of the date of service. In the present case, the date of service in question is May 17, 2011, which means the submission deadline is August 20, 2011. According to the attached medical bills, and the requestor's admission on the Table of Disputed Services, the bill was submitted to the carrier originally on September 13, 2011 and again on October 6, 2011. Neither submission was timely. Accordingly, the requestor is not due any reimbursement for the service rendered."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 17, 2011	CPT Code 99283 Emergency Room Visit	\$96.70	\$96.70

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

- 28 Texas Administrative Code §133.307, effective May 25, 2008 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

- 080-001-Reivew of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 17-Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 900-Based on further review, no additional allowance is warranted.
- 910-115-Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
- 94-Processed in Excess of charges. \$0.00

Issues

1. Does a timely filing of claim issue exist in this dispute?
2. Is the requestor entitled to reimbursement?

Findings

1. The respondent raises the issue in the response of "A healthcare provider must submit its bill to the carrier for services rendered within 95 days of the date of service. In the present case, the date of service in question is May 17, 2011, which means the submission deadline is August 20, 2011. According to the attached medical bills, and the requestor's admission on the Table of Disputed Services, the bill was submitted to the carrier originally on September 13, 2011 and again on October 6, 2011. Neither submission was timely."

Per 28 Texas Administrative Code §133.307(d)(2)(B) states "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."

A review of the submitted explanation of benefits and correspondence contained in the file does not raise the issue of timely filing a claim within 95 days; therefore, this is a new denial reason or defense raised by the respondent and it will not be considered any further in the review.

2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99283 based upon reason codes "17 and 910-115." A review of the submitted documentation supports billing of CPT code 99283; therefore, reimbursement is recommended per fee guideline.

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2011 DWC conversion factor for this service is 54.54.

The Medicare Conversion Factor is 33.9764

Review of Box 32 on the CMS-1500 the services were rendered in Bryan, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Rest of Texas".

The Medicare participating amount for CPT code 99283 is \$60.24.

Using the above formula, the MAR is \$96.70. The respondent paid \$0.00. The requestor is due the difference between amount due and paid of \$96.70.

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 \$96.70.

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 \$96.70 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	06/04/2014 Date
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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.