



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

WESTLAKE ANESTHESIA GROUP

Respondent Name

HARTFORD INSURANCE COMPANY

MFDR Tracking Number

M4-13-1799-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

MARCH 14, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated in the letter dated August 15, 2013: "This case should have been filed against Sedgwick, not Hartford Insurance. If you look at all of the EOB's denial they are from Sedgwick, not Hartford. Hartford is the first insurance company we filed this claim with and they came back and said this was not a Hartford claim. We filed this claim to PO Box 14214 Lexington KY 40512 which the US Postal Service shows as the PO Box for Hartford Ins. The face sheet from the facility, which we rely on to give us the correct information say Sedgwick, PO Box 14214 Lexington KY 40512. On 10/24/2012 a call to Harford Ins. For status of the claim we were informed the claim was now handled by Sedgwick. Claim was then filed to Sedgwick because of the eronious [sic] filing with the wrong insurance company and finding out we had sent this claim to the wrong insurance company on 10-24-2012 the pass timely filing deadline would be 1/28/2013. The claim was faxed to Sedgwick on 10/25/2012. Sedgwick rejected for pass timly [sic] filing on 1/8/2013. All of our appeals and calls and request for reconsideration have been denied by Sedgwick."

Amount in Dispute: \$2,125.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The attached EOBs raise fee guidelines and preauthorization issues. The Texas Labor Code requires reimbursement for all medical expenses to be fair and reasonable and be designed to ensure the quality of medical care and to achieve effective medical cost control. TEX. LABOR CODE Section 413.011(d). The carrier asserts that it has paid according to the applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: FLAHIVE, OGDEN & LATSON

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 16, 2012	CPT Codes 01630-QK-P3, 64415, and 76942 CPT Code 01630-QK-P3 billed by CRNA	\$2,125.00	\$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 medical fee disputes.

2. 28 Texas Administrative Code §134.600 sets out the procedures for Preauthorization, Concurrent Review, and Voluntary Certification of Health Care
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - B13 – Previously paid, payment for this claim/service may have been provided in a previous payment.
 - W1 – Workers Compensation State Fee Schedule Adjustment.
 - 247 – A payment or denial has already been recommended for this service.
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - 5264 – Payment is denied – service not authorized.
 - QA – The amount adjusted is due to bundling or unbundling of services.

Issues

1. Did the requestor submit the bill timely to the respondent?
2. Did the requestor support that preauthorization was obtained?
3. Is the requestor entitled to reimbursement?

Findings

1. Review of the EOBs submitted by the respondent finds that the denial of 29 – “The time limit for filing has expired” was not maintained upon reconsideration. The respondent has denied the service using denial code 5264 – “Payment is denied – service not authorized.”
2. In accordance with 28 Texas Administrative Code §134.600(p)(2) non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services. Review of the documentation submitted by the requestor finds a preauthorization determination was not found, nor did the requestor document the preauthorization number in box 23 of the medical bill.
3. Because the requestor has not provided documentation to support preauthorization was obtained; reimbursement is not 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 upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 13, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §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 MDR decision shall deliver a copy of the request 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 §141.1(d).

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