



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 and Address

IMAGE MEDICAL CENTER
3033 FANNIN STREET
HOUSTON TX 77004

Respondent Name

ARCH INSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-13-2614-01

MFDR Date Received

June 11, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Track and confirm shows the bill was delivered at 5:32am on 8/10/12 to the address listed above. The bill was then again resubmitted on 10/16/12 with no response. The final attempt to submit the bill with proof of timely filing was on 3/18/13. Upon status check, I was informed by a representative that the bill had been received and was in processing. From there, after another check, the representative informed me that the bill had been routed to MedRisk for processing. On 6/7/13 I contacted MedRisk who informed me that the bills had previously been rerouted to Sedgwick due to MedRisk not being responsible for handling these claims."

Amount in Dispute: \$210.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This is to notify all parties that we now have the billings, medical reports, eobs, and request for reconsideration on the dates of service in question and this [sic] are being submitted today to bill review for payment per the Washing State Fee Schedule. These bills will be reconsidered for any missed payments and a response bill [sic] be forthwith."

Response Submitted by: Sedgwick

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 29, 2012	97110 and 97140	\$210.22	\$145.51

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 §134.203 sets out the fee guideline procedures for professional medical services.

3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. Neither the requestor nor the respondent submitted EOBs for this date of service June 29, 2012. The requestor submitted sufficient documentation to support that the bills were submitted to the insurance carrier for initial review and a reconsideration review. Therefore, the disputed charges will be reviewed pursuant to 28 Texas Administrative Code §134.203.

Issues

1. Did the insurance carrier submit documentation to support that payment was issued for the disputed charges as indicated in the position summary?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?
4. Did the requestor bill in conflict with the NCCI edits?
5. Is the requestor entitled to reimbursement?

Findings

1. Review of the submitted documentation provided by the insurance carrier did not contain EOBs and or other documentation to support that the disputed charges were paid according to the insurance carrier position summary, therefore the disputed charges will be reviewed pursuant to the applicable guidelines.
2. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

The requestor submitted documentation to support that the disputed services rendered on June 29, 2012 were submitted timely, within the 95th day after the day of service provided.
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted information finds documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, the requestor has not forfeited the right to reimbursement of the medical bill for the services in dispute.
4. Per 28 Texas Administrative Code § 134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of the submitted documentation (CMS-1500) documents that the requestor billed CPT codes 97110-GP-59 and 97140-GP-59 on June 29, 2012.

The division completed NCCI edits to identify edit conflicts that could potentially affect reimbursement. The division did not find edit conflicts, therefore the requestor is entitled to reimbursement pursuant to 28 Texas Administrative Code § 134.203 (c).
5. Per 28 Texas Administrative Code § 134.203 "(c) 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.”

Per 28 Texas Administrative Code § 134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.” Review of the submitted documentation finds that the requestor is entitled to reimbursement as follows:

The MAR reimbursement for CPT code 97110 is \$46.61 x 2 units = \$99.22, therefore, this amount is recommended.

The MAR reimbursement for CPT code 97140 is \$46.29, therefore, this amount is recommended.

Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$145.51

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 \$145.51.

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 \$145.51 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	January 23, 2014
Signature	Medical Fee Dispute Resolution Officer	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).