



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

Wheaton Franciscan Medical Group

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-13-3285-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

August 12, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "As an out of state provider, we submitted the attached billing to Texas Mutual Insurance for payment of treatment related to this patients work related injury. Please note that this patient resides in Wisconsin so it is not unreasonable to seek treatment from a Wisconsin provider. Texas Mutual denied our billing not because it was unreasonable for treatment, but because of the coding we used which is correct per Wisconsin guidelines.

After careful review with our certified coding specialists, we updated our coding to accommodate Texas guidelines and submitted as a corrected billing with a request for reconsideration. According to the Texas Administrative Code, a healthcare provider may request a reconsideration within 10 months from the date of service.

Our office submitted the attached reconsideration requests to Texas Mutual explaining our position and that we have updated it to accommodate their request. Texas Mutual responded stating a corrected billing is considered a new bill and it was received past the 95 day time limit from the date of service.

Wheaton Franciscan Healthcare is a major provider in the State of Wisconsin and is confident that we follow correct coding guidelines. We are requesting that Texas Mutual reconsider the denial of our reconsideration requests since we are an out of state provider and are not accustomed to dealing with this coding request, but did submit the reconsiderations within 10 months from the dates of service. Reviewing the billing and coding took time to verify how we could accommodate Texas guidelines while remaining compliant with correct coding guidelines for workers compensation. Denying our charges based on this technicality would result in us having to take a loss of the total charges being disputed."

Amount in Dispute: \$2490.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 8/7/12, 9/6/12, and 11/12/12.

1. Texas Mutual received the complete bill for dates of service 8/7/12 and 9/6/12 on 5/29/13, well past the 95 days required by Rule 133.20...
2. The requestor initially billed Texas Mutual code 99254 for date 11/12/12. Texas Mutual received this bill 1/29/13 and declined to issue payment as the code is no longer valid. The requestor submitted a bill for the same date of service but with code 99222 instead. This constituted a new bill that Texas Mutual received 4/12/13, again past the 95 day time line...
3. The circumstances surrounding the untimely bills do not meet the exception criteria at 408.0272 of the Labor Code."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7, 2012 September 6, 2012 November 12, 2012	Drug Screen Drug Screen Initial Hospital Care	\$2490.00	\$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 §133.20 sets out the procedures for medical billing.
3. 28 Texas Administrative Code §133.250 sets out the procedures for request for reconsideration of a medical bill.
4. Texas Labor Code §408.0272 provides the exceptions for untimely filing of a medical bill.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of Benefits dated 10/16/12 for Date of Service 8/7/12:

- CAC-W1 – Workers' Compensation State Fee Schedule Adjustment
- CAC-151 – Payment adjusted because the payer deems the information submitted does not support this many/frequency of services
- CAC-16 – Claim/service lacks information which is needed for adjudication.
- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 298 – Only one is allowed per date of service.
- 714 – Accurate coding is essential for reimbursement. CPT/HCPCS billed incorrectly. Services are not reimbursable as billed.
- 758 – ODG documentation requirements for urine drug testing have not been met.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT Code descriptions/instructions.

Explanation of Benefits dated 6/17/13 for Date of Service 8/7/12:

- CAC-16 – Claim/service lacks information which is needed for adjudication.
- CAC-18 – Duplicate claim/service.
- CAC-215 – Based on subrogation of a third party settlement.
- CAC-29 – The time limit for filing has expired.
- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 224 – Duplicate charge.
- 641 – The medically unlikely edits (MUE) from CMS has been applied to this procedure code.
- 731 – Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.
- 758 – ODG documentation requirements for urine drug testing have not been met.
- 871 – Payment is being withheld because claimant received a third party settlement.

Explanation of Benefits dated 10/24/12 for Date of Service 9/6/12:

- CAC-W1 – Workers' Compensation State Fee Schedule Adjustment.
- CAC-151 – Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
- CAC-16 – Claim/service lacks information which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 298 – Only one is allowed per date of service.
- 714 – Accurate coding is essential for reimbursement. CPT/HCPCS billed incorrectly. Services are not

reimbursable as billed.

- 758 – ODG documentation requirements for urine drug testing have not been met.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT Code descriptions/instructions.

Explanation of Benefits dated 6/13/13 for Date of Service 9/6/12:

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Explanation of Benefits dated 3/1/13 for Date of Service 11/12/12:

- CAC-226 – Information requested from the billing/rendering provider was not provided or was insufficient/incomplete.
- 612 – No payment is made as Medicare uses another code for reporting and/or payment of this service.

Explanation of Benefits dated 4/16/13 for Date of Service 11/12/12:

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. Were the disputed charges for date of service 8/7/12 timely filed for Medical Fee Dispute Resolution?
3. What is the timely filing deadline applicable to the medical bills for the services in dispute?
4. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of Wisconsin to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. 28 Texas Administrative Code §133.307 (c)(1) states, "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. **The division shall deem a request to be filed on the date the MFDR Section receives the request.** A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than **one year after the date(s) of service in dispute.** (B) A request may be filed later than one year after the date(s) of service if: (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability; (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity" [emphasis added]. The division received the request for Medical Fee Dispute Resolution on August 12, 2013. The submitted documentation does not support that any of the exceptions to timely filing for medical fee dispute exist. Therefore, date of service 8/7/12 disputed charges were not filed to medical fee dispute timely and will not be considered.
3. Texas Labor Code §408.027 (a) and 28 Texas Administrative Code §133.20(b) require 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.

Texas Labor Code §408.0272 (b) defines exceptions to the 95th day filing deadline as, "(1)... proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider." No documentation was found to support that any of the

exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

4. In their position statement, the requestor states, "we updated our coding to accommodate Texas guidelines and submitted as a corrected billing with a request for reconsideration." Review of the submitted documentation finds that the correction involved changing the billing codes to correspond with Texas billing requirements. 28 Texas Administrative Code §133.250 (d) states, "A written request for reconsideration shall: (1) reference the original bill and **include the same billing codes**, date(s) of service, and dollar amounts as the original bill" [emphasis added]. Therefore, by changing the billing codes, the requestor was submitting a new bill.

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." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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

	Laurie Garnes	February 18, 2015
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).

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