



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

ELITE HEALTHCARE GARLAND

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number

M4-14-2130-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

March 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per Rule 133.20 (NEVER RECEIVED) there is no limit to resubmitting a claim. With receiving the additional EOBs I have 10 months to resubmit for reconsideration so the denials are conflicting. I have attached all necessary documentation. Please kindly help us get these date of service paid."

Amount in Dispute: \$525.72

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "8/6/2013 - The charges were denied for the 95 day rule. Our first record of receipt of the bill is 2/4/14. We have attached the bill with our date stamp. 9/10/13 - This has been paid. The EOB is attached. 10/15/13 - This was denied as the request for PT was non-certified by utilization review #135819 as not medically necessary."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Table with 4 columns: Date(s) of Service, Disputed Service(s), Amount In Dispute, Amount Due. Row 1: August 6, 2013 - October 15, 2013, 99204-25, 99213-25, 99080-73, 97001-GP, \$525.72, \$122.70

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

- 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 medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 239-003 - This procedure code requires functional reporting this procedure code must include an applicable non-payable "G" code and appropriate modifier for the claim to be processed
- 230 - No available or correlating CPT/HCPCS code to describe this service.
- 18 - Exact duplicate claim/service
- 224 - Duplicate charge
- 790 - This charge was reimbursed in accordance to the Texas medical fee guideline
- D10 - The time limit for filing has expired
- W1 - Workers' compensation jurisdictional fee schedule adjustment

## Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for date of service August 6, 2013 and October 15, 2013?
3. Did the insurance carrier reimburse the requestor the MAR amount for CPT codes 99213 and 99080 rendered on September 10, 2013?
4. Is the Requestor entitled to reimbursement for CPT Code 97001-GP rendered on October 15, 2013?

## Findings

1. 28 Texas Administrative Code §133.20(b) requires 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." 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.

2. 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 for date of service October 15, 2013 supports that the requestor submitted the disputed charge 97001-GP to the insurance carrier within the 95-day timely filing requirement. The EOB dated December 12, 2013 supports that the insurance carrier received and audited the disputed charge, CPT Code 97001-GP provided on October 15, 2013. As a result the division will review this disputed charge pursuant to 28 Texas Administrative Code §134.203.

Review of the submitted information finds no documentation to support that a medical bill was submitted within the 95th day after the date of service, August 6, 2013 for CPT Code 99204-25. 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 this service.

3. 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."

The requestor seeks reimbursement in the amount of \$134.22 for CPT Codes 99213-25 and 99080-73 rendered on September 10, 2013. Review of the insurance carrier's supplemental documentation in the form of EOBs supports that payment in the amount of \$134.22 was issued to the requestor for disputed date of service September 10, 2013. As a result, no additional reimbursement is recommended for this date of service.

The requestor seeks reimbursement in the amount of \$122.70 for CPT Code 97001-GP rendered on October 15, 2013. The MAR amount is \$122.70, therefore this amount is recommended.

4. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$122.70 for disputed CPT Code 97001-GP rendered on October 15, 2013.

**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 \$122.70.

**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 \$122.70 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

\_\_\_\_\_  
July 24, 2015  
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.**