



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

ERIC A. VANDERWERFF, DC

Respondent Name

EAST TX EDUCATIONAL INS ASSN

MFDR Tracking Number

M4-14-2358-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

MARCH 31, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier is denying the service rendered on 4/11/13 based on the denial code (29) as listed above. This is a false denial, as the bill in question was resubmitted as a correct claim, not a new billing."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "On 4/23/13 we received Date of Service 4/11/13, CPT code 90801 from Millennium Chiropractic. On 4/26/13 this code was denied as a deleted code for this date of service. On 1/13/14 we received a response from Millennium Chiropractic in which the original CPT code was changed from 90801 to 90791. On 1/21/14 we denied this service as past timely filing. Per Texas Administrative Code 133.250(d)(1), a reconsideration must 'reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.' In this instance, the CPT code was changed and this bill is no longer considered a reconsideration, but rather a new bill. As a new bill, this service was denied due to the 95 day timely filing provision, rule 133.20(b)."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 11, 2013, CPT Code 90791 Psychiatric Diagnostic Evaluation, \$300.00, \$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. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedure for healthcare providers to submit their medical bills.

3. 28 Texas Administrative Code §133.240, effective July 1, 2012, sets out the procedure for insurance carriers to audit the medical bills.
4. 28 Texas Administrative Code §133.250, effective July 1, 2012, sets out the procedures for reconsideration of payment by the insurance carrier.
5. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
6. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - 226-Information requested from the billing/rendering provider was not provided or was insufficient/incomplete.
 - 611-No allowance is made because this is a deleted code for this date of service.
 - 29-The time limit for filing has expired.
 - 719-Per rule 133.20, a medical bill shall not be submitted later than the 95th day after the date the service.
 - The corrected bill contained a change in CPT code, therefore it is considered a new bill and must meet timely filing requirements.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - 350-Bill has been identified as a request for reconsideration or appeal.

Issues

The issue in dispute is whether or not the disputed bill was submitted timely to the respondent in accordance with Texas Labor Code §408.027? Is the requestor entitled to reimbursement?

Findings

1. A review of the submitted documentation finds the following facts in this case:
 - The requestor submitted a bill in April 2013 for code 90801. This bill was denied reimbursement based upon reason codes “226” and “611.”
 - A second bill was submitted to the respondent in January 2014 for code 90791. This bill was denied reimbursement based upon reason codes “29” and “719.”
2. The requestor contends that reimbursement is due because “This is a false denial, as the bill in question was resubmitted as a correct claim, not a new billing.”
3. The respondent states in the position summary that, “On 1/13/14 we received a response from Millennium Chiropractic in which the original CPT code was changed from 90801 to 90791. On 1/21/14 we denied this service as past timely filing.”
4. To resolve the question whether the second bill in question was a correct claim or a new bill, the Division refers to the following statute:
 - 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”
 - 28 Texas Administrative Code §134.203(b)(1) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers...”
 - 28 Texas Administrative Code §133.20(c) states, “A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills.”
 - 28 Texas Administrative Code §133.240(a) states, “An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation.”

- 28 Texas Administrative Code §133.20(f) states, “Health care providers shall not resubmit medical bills to insurance carriers after the insurance carrier has taken final action on a complete medical bill and provided an explanation of benefits except in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills).”
- 28 Texas Administrative Code §133.250(d)(1) states, “A written request for reconsideration shall: reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.”

5. Based upon the above facts and statute the Division findings are:

- CPT code 90801 is defined as “Psychiatric diagnostic interview evaluation.”
- CPT code 90801 was deleted effective January 1, 2013. The disputed date of service was four months past the deletion date. Per 28 Texas Administrative Code §134.203(a)(b) and §133.20(c), the provider did not bill an active code on the original bill.
- In accordance with 28 Texas Administrative Code §133.240(a), the respondent audited the bill for code 90801 and provided the health care provider with an explanation of benefits.
- The respondent states in the position summary, “On 4/26/13 this code was denied as a deleted code for this date of service.” The insurance carrier’s audit of the original bill was within the 45 day timeframe required by 28 Texas Administrative Code §133.240(a).
- January 9, 2014 the requestor billed the respondent code 90791.
- Per 28 Texas Administrative Code §133.250(d)(1), the second bill does not reference the same billing codes as the original bill because the provider changed the code from 90801 to 90791.

The Division concludes that the bill for code 90791 was a new bill.

6. Texas Labor Code §408.027(a) states, “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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.”

- The disputed date of service is April 11, 2013.
- The requestor sent the medical bill on January 9, 2014 for code 90791.
- The submission date is 272 days from the date of service.

The Division concludes that the disputed medical bill was not sent timely per Texas Labor Code §408.027(a). As a result, 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

Date

12/4/2015

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.