



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

Elite Healthcare North Dallas

Respondent Name

Travelers Casualty Ins Co

MFDR Tracking Number

M4- 14-2418-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

April 7, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Original date sent. Please kindly process as we have shown proof of timely filing."

Amount in Dispute: \$ 2,920.08

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "As to the majority of the Provider's date of services, which range from 08-25-2010 to 03-28-2011, this Request for Medical Fee Dispute Resolution is not timely filed... As to the sole remaining date of service, 04-24-2013, reimbursement was originally denied on the basis that the Provider failed to timely submit the bill in accordance with Rule 133.20(b). The Provider submits this Request for Medical Fee Dispute Resolution arguing that they faxed the bill to the Carrier timely. The Carrier has reviewed the documentation and agrees the Provider has submitted sufficient evidence of timely submission. The Carrier is therefore issuing reimbursement for this sole date of service in accordance with the Division-adopted fee schedule."

Response Submitted by: Travelers Casualty Insurance Co

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 25, 2010 through April 24, 2013	Physical Therapy Services	\$2,920.08	\$122.69

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 18 – Duplicate claim/service
 - 29 – The time limit for filing has expired

- 937 – Services not timely filed by the provider

Issue

1. What is the applicable rule pertaining to reimbursement of professional medical services?
2. Did the requestor waive the right to medical fee dispute resolution?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203 (c) states in pertinent part, "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 (date of service yearly conversion factor).
 - Procedure code 97001, service date April 24, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.2 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 1.2108. The practice expense (PE) RVU of 0.95 multiplied by the PE GPCI of 1.017 is 0.96615. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.834 is 0.0417. The sum of 2.21865 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$122.69. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$122.69.
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." The date of the services in dispute is August 25, 2010 through March 28, 2011. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on April 7, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for the disputed services within the above mentioned date range.
3. The carrier stated, "The Carrier is therefore issuing reimbursement for this sole date of service in accordance with the Division-adopted fee schedule." No documentation was provided to support this statement therefore the total allowable reimbursement for the services in dispute is \$122.69. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$122.69. This amount is recommended.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute for date range August 25, 2010 through March 28, 2011, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed. For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due for date of service April 24, 2013. As a result, the amount ordered is \$122.69.

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 \$122.69, 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

January , 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.