



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 Garland

Respondent Name

Arch Insurance Co

MFDR Tracking Number

M4-14-3044-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 5, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached claims were denied by the carrier for "Timely Filing, Duplicate Claims/service, and Service not provided to a patient. This denial does not make sense that the service was not provided to the patient."

Amount in Dispute: \$1,008.07

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Written acknowledgment of medical fee dispute received however, no position statement submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 1, 2013 through January 7, 2014	99213, 97140, 97112, 97110, 99080	\$1,008.07	\$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 requirements for medical bill submission by health care providers
3. 28 Texas Administrative Code §133.210 details requirements of medical documentation in support of medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - 18 – Duplicate claim/service
 - 193 – Original payment decision being maintained

Issues

1. Did the requestor meet the filing deadlines?

2. Were the billed medical services supported by medical documentation?
3. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the services in dispute for dates of service October 10 and 12, 2013 as 29 – “The time limit for filing has expired.” Per 28 Texas Labor Code §133.20(b) “Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.” Review of the submitted medical bill finds;
 - a. Claim for submitted date of service October 1, 2013 has the date, February 21, 2014 in box 31 of the claim form
 - b. Claim for submitted date of service October 10, 2013 has the date, March 27, 2014 in box 31 of the claim form.
 - c. Both claims have “original claim” hand written on the form

The Division finds both of these dates of service are outside the 95 filing deadline as required by Rule 133.20. The Carrier's denial is supported.

2. The carrier denied the date of service January 7, 2014 as “Service not provided to patient.” 28 Texas Administrative Code §133.210 (a) states in pertinent part “Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results. (b) When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents.” Review of the submitted documentation finds;
 - a. Copy of provider's form with barely legible “Date 1-7-14” and DR/Phy.Ther. Signature of “MJ”

The submitted code was 99213 described as - “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.” No information was found to support the documentation requirements of this submitted code were met. The Carrier's denial is supported.

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

Peggy Miller
Medical Fee Dispute Resolution Officer

March 26, 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.