



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

Willis Knighton Medical Center

Respondent Name

Bitco General Insurance Corp.

MFDR Tracking Number

M4-14-3083-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 9, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our position statement regarding this claim:

- 1) Corvel denied payment on this MRI for Timely filing. DWC Rules 133.20.(b) allow *95 days for billing*. Provider billed the above referenced claim twice within the 95 days. Carrier shows no receipt of claim until we faxed directly to the adjustor.
- 2) Texas labor code 21.2816(c) *presumes communications submitted by the US mail to be received on the fifth day after the date the communications is submitted. (h) ...may choose to maintain a mail log to provide proof of submission and establish date of receipt.* Willis Knighton is a Louisiana provider following the rules and guidelines set forth by our state's Department of Insurance. We can provide proof of timely as specified by Louisiana.

Date of injury 8/1/13.

MRI of cervical spine without contrast was performed on this patient on 8/30/13. The MRI was approved...

Provider does not agree with Corvel's denial of our claim. Initial denial EOB dated 2/20/14. An appeal was sent and EOB dated 4/21/14 denial says 'Computer printouts are not proof of timely filing'.

Although this employee's injury is covered by Texas, Willis Knighton Health Systems operate in the State of Louisiana and therefore conducts business according to its laws.

In disputes regarding the date of receipt of a non-electronic claim, the Louisiana Department of Insurance requires the following information:

- A batch claim report containing all claims run for that report and then highlight the claims which have been paid or which have been acknowledged as received by the carrier.

...

Additionally, Title 40 of the Louisiana Administrative Code 306.B.13 states:

- *The paper bill includes a date the bill was generated to verify timely filing.*

...

I have attached a report of all paper claims either billed or rebilled on 9/13/13. On this report, I have indicated whether the claim has been paid, denied or acknowledged as received by the carrier. Only one claim in this batch was not paid, denied or acknowledged by the insurance carrier.

I have also attached a screenprint of the initial audit history (from our billing system) showing the claim billed paper 9/13/13 and creation date of 9/13/13. And I have included a copy of the patient account activity (maintained in the ordinary course of business) showing the claim was rebilled 12/12/13 with an itemized bill and medical records. This data is a permanent record in our billing system. Both were mailed: Bituminus PO Box 167968 Irving

TX 75016. No response was received until we faxed claim to Adjustor Rita Neeren on 2/4/14 & and 3/28/14. Fax 972 402-9302

In additional investigation, speaking with both Corvel and Rita Neeren at Bituminus 6/5/14, I was given inconsistent information.

- 'CJ' at Corvel states the claims should be sent directly to Corvel at PO Box 1927 Addison TX 75001. She said the first date of receipt is 2/3/14...
- Rita Neeren at Bituminus states that claims should be sent directly to Bituminus at PO Box 167968 Irving TX 75016 so they can be date stamped first. She says their system shows the first date of receipt is 3/28/14...

Willis Knighton did submit our charges to Bituminus within the time frame allowed. Provider does maintain a reliable system for logging account activity and as shown, all other claims billed paper on 9/13/13 were received by their carriers. This claim was mailed twice during the 95 day time limit.

Services were authorized and provided in good faith. We are requesting that you consider the information submitted as proof of timely. Provider specific MAR = \$611.91."

Amount in Dispute: \$611.91

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on June 18, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Response Submitted by: NA

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|---|-------------------|------------|
| August 30, 2013 | MRI, cervical, without contrast (72141) | \$611.91 | \$611.90 |

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 §134.203 sets out the fee guidelines for billing and reimbursing professional medical services.
3. 28 Texas Administrative Code §133.20 sets out the requirements for medical bill submission by a health care provider.
4. 28 Texas Administrative Code §102.4 sets out the procedures for non-commission communications.
5. 28 Texas Administrative Code §21.2816 sets out the procedures for submission of clean claims.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time Limit for Filing Claim/Bill has Expired
 - 193 – Original payment decision maintained
 - Note: Per rule 133.20 and section 408.027 of the Act, your documentation does not meet the criteria for proof of timely filing. COMPUTER PRINTOUTS ARE NOT PROOF OF TIMELY FILING.

Issues

1. Did the requestor support timely filing per 28 Texas Administrative Code §133.20?

2. What is the correct MAR for the services in dispute?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied payment of the disputed services, stating, "Time Limit for Filing Claim/Bill has Expired." 28 Texas Administrative Code §133.20 (b) states, in relevant part, "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."

The requestor disagrees and maintains that they submitted a bill to the insurance carrier within 95 days. 28 Texas Administrative Code §102.4 (p) states, "For purposes of determining the date of receipt for non-commission written communications, unless the great weight of evidence indicates otherwise, the Commission shall deem the received date to be five days after the date mailed via United States Postal Service regular mail; or the date faxed or electronically transmitted." Further, 28 Texas Administrative Code §21.2816 (h) states,

Any entity submitting a communication under subsection (b)(1) - (4) of this section may choose to maintain a mail log to provide proof of submission and establish date of receipt. The entity must fax or electronically transmit a copy of the mail log, if used, to the receiving entity at the time of the submission of a communication and include another copy with the relevant communication. The log must identify each separate claim, request for information, or response included in a batch communication. The mail log must include the following information: name of claimant; address of claimant; telephone number of claimant; claimant's federal tax identification number; name of addressee; name of MCC; designated address; date of mailing or hand delivery; subscriber name; subscriber ID number; patient name; date(s) of service or occurrence; delivery method; and claim number, if applicable.

Review of the submitted documentation finds that the requestor provided a mail log as defined by §21.2816 (h), indicating submission was 9/13/13. Therefore, the Division finds that the requestor supports timely filing per 28 Texas Administrative Code §133.20.

2. Procedure code 72141 has a status indicator of Q3, which denotes conditionally packaged codes that may be paid through a composite APC if OPPS criteria are met; however, review of the submitted information finds that the criteria for composite payment have not been met. Therefore, this line may be paid separately. These services are classified under APC 0336, which, per OPPS Addendum A, has a payment rate of \$338.49. This amount multiplied by 60% yields an unadjusted labor-related amount of \$203.09. This amount multiplied by the annual wage index for this facility of 0.8398 yields an adjusted labor-related amount of \$170.55. The non-labor related portion is 40% of the APC rate or \$135.40. The sum of the labor and non-labor related amounts is \$305.95. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,025. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$305.95. This amount multiplied by 200% yields a MAR of \$611.90.
3. The total allowable for the services in dispute is \$611.90. Review of the submitted documentation finds that the insurance carrier has paid \$0.00. Therefore, reimbursement of \$611.90 is recommended.

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 \$611.90.

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 \$611.90 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

March 30, 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.