



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
PHYSICIAN ANESTHESIA OF PUEBLO, PC

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-15-3064-01

Carrier's Austin Representative Box
Box Number: 54

MFDR Date Received
MAY 18, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am enclosing all the requested documentation for the above referenced claims. I have also enclosed the ledger sheet for each claim to show what and when action was taken on each procedure code."

Amount in Dispute: \$584.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute. 1. 8/20/14 Codes 99213, 80104 The requestor billed Texas Mutual codes 99214 and 80104-QW that Texas Mutual Received on 11/10/14. (Attachment 1) Texas Mutual declined to issue payment for code 99214 as the documentation did not meet the CPT criteria for the code. Texas Mutual denied payment of 80104QW-59 as the CLIA waiver is not appropriate with this code. The request submitted a new bill that Texas Mutual received 12/29/14 with codes 99213 and 80104QW-59. (Attachment 2) Texas Mutual maintained the denial of 80104QW-59 and denied payment code of 99213 as untimely. 2. 9/1/114 Code 99213 The request with this new bill submitted code 99213-25 for date 8/17/14. This billing was decided as untimely as well. 3. 2/3/5 Code G0434 In order to resolve this dispute Texas Mutual will the disputed service. [sic]."

Response Submitted by: Texas Department of Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include August 20, 2014 (Office Visit & Drug Screening), August 20, 2014 (CPT Code 80104-59-QW), September 17, 2014 (Office Visit), and February 3, 2015 (Drug Screening - HCPCS Code G0434).

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired.
 - 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.
 - P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
 - 714 – Accurate coding is essential for reimbursement, CPT/HCPCS billed incorrectly. Corrections must be submitted W/I 95 days from DOS.
 - W3, 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891 – No additional payment after reconsideration.
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
 - 758 – ODG documentation requirements for urine drug testing have not been met.

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 the services in dispute?
3. Did the requestor bill the correct drug screening code for date of service August 20, 2014?

Findings

1. The insurance carrier denied CPT Codes 99213 for dates of service August 20, 2014 and September 17, 2014 with claim adjustment reason codes: 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED."; and 731 – "PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05." 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." Texas Labor Code §408.0272(b) provides that:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

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. Date of service August 20, 2014 was down coded to CPT Code 99213; however, in accordance with 28 Texas Administrative Code §133.20(g) a health care provider may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier. For that reason, the health care provider 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 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 finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

- 3. On August 20, 2014 the requestor also billed CPT Code 80104-59-QW. This code was denied using denial code 714 – "Accurate coding is essential for reimbursement. CPT/HCPCS billed incorrectly. Corrections must be submitted W/I 95 days from DOS. In accordance with 28 Texas Administrative Code §133.20(c) 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. Review of the submitted documentation finds that the code billed was incorrect; therefore, reimbursement is not recommended.
- 4. On February 3, 2015 the requestor billed HCPCS Code G0434. This code was denied using denial codes 16 – "Claim/service lacks information or has submission/billing error(s) which is needed for adjudication."; 225 – "The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information." and 758 – "ODG documentation requirements for urine drug testing have not been met." The requestor did submit documentation to support that the drug screen testing was performed on this date of service. Therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

July 31, 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 MFDR 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.