



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

OU MEDICAL CENTER

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-15-3655-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 09, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Advent Health Partners is submitting a position statement on behalf of OU Medical Center. Gallagher Bassett has denied this claim for Timely Filing. We are aware that the Texas Workers Compensation rules state that claims must be submitted within 95 days from the date of discharge. However, the patient did not advise that the claim was workers compensation until October 4, 2014.

Firstly, the patient presented to the facility emergency department and presented Aetna as his insurance carrier. (Exhibit 10)

Secondly, Aetna was called and they authorized the services for the patient for 4 inpatient days as well as for surgical procedure 27226.

Thirdly, Aetna made a payment on August 21, 2014. (Exhibit 2)

Lastly, the facility began contacting the patient to obtain a payment for his co insurance and on October 4, 2014, the patient called the facility and advised that he had Workers Compensation and that the claim should be billed to Gallagher Bassett. (Exhibit 3)

Additionally, a medical review was conducted of the medical records and the H&P clearly shows that the patient never stated he injured himself at work, he stated that he was alking and accidentally tripped on a curb.

The facility billed Gallagher Bassett on December 15, 2014 which was less than 95 days from the date that the patient advised to bill Workers Compensation. Please keep in mind that this claim had to go through a high dollar audit prior to being billed. It would have been impossible to bill this claim to Gallagher Basset by October 14, 2014 as the information was provided only 10 days prior by the patient."

Amount in Dispute: \$67,207.00

RESPONDENT’S POSITION SUMMARY

Respondent’s Position Summary: “This will acknowledge receipt of the request for medical fee dispute resolution (MFDR) by Corvel Healthcare Corporation (CorVel), Third Party Administrator for New Hampshire Insurance Company on the above referenced claim.

Issue

1. Did the requestor waive its right to medical fee dispute resolution?

Requestor’s Position Summary

The requestor, OU Medical Center provided a position summary alleging entitlement to additional reimbursement for the inpatient facility services in dispute based on timely filing.

Respondent’s Position Summary

Pursuant to division rule §133.307(c) and (c)(1)(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. A requestor shall timely file the request with the division’s MFDR Section or waive the right to MFDR.

1. Corvel asserts the requestor, OU Medical Center is entitled to \$0.00 reimbursement for inpatient facility services in dispute based on the requestor’s failure to request fee dispute resolution no later than one year after the date of service in dispute.”

Response Submitted by: CORVEL

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 08, 2014 to July 11, 2014	Inpatient Hospital Services	\$67,207.00	\$0.00

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 – Billed date exceeds 95 days from date of service
 - P1 – DRG is required for reimbursement calculations used for establishing MAR in accordance with DWC Rules and Fee Guidelines
 - *18 – This line was previously processed and is a duplicated duplicate charge
 - *29 – DRG is required for reimbursement calculations used for establishing MAR in accordance with DWC Rule and Fee Guideline(s)

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?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “Billed date exceeds 95 days from date of service”, P1 – “DRG is required for reimbursement calculations used for establishing MAR in accordance with DWC Rules and Fee Guidelines”, *18 – “This line was previously processed and is a duplicated duplicate charge” and *29 – “DRG is required for reimbursement calculations used for establishing MAR in accordance with DWC Rule and Fee Guideline(s).” 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.

The documentation provided by the requestor does not support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. 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 the documentation does not 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).

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

		8/4/15
Signature	Medical Fee Dispute Resolution Officer	Date

		8/4/15
Signature	Medical Fee Dispute Resolution Manager	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 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.