



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

TEXAS HEALTH OF PLANO

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-18-2010-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 9, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We did not realize this submission was to the incorrect carrier till after we ... contacted the patient regarding the denial from Aetna. We then submitted this to Texas Mutual with the EOB from Aetna as timely filing. We do not feel that we should be not paid as we submitted this to Texas Mutual once we were made aware that this was a work injury claim."

Amount in Dispute: \$502.55

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor has not provided any evidence of the date it was notified of the correct carrier. Without that, one cannot determine if the submitted bill to the correct carrier was within 95 days of that notification."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
February 23, 2017	Outpatient Hospital Services	\$502.55	\$502.54

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 §134.403 sets out the acute care hospital fee guideline for outpatient services.
3. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.

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.
 - W3 – 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.
 - 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824
 - 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

Issues

1. Did the requestor forfeit the right to reimbursement for the services in dispute?
2. What is the recommended payment for the services in dispute?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason 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.
 - 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

28 Texas Administrative Code §133.20(b) requires that, except as provided in 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 certain exceptions to the 95-day time limit for bill submission:

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

The requestor provided documentation to support timely submission of the bill to an insurer within the criteria of §408.027(b) above.

The respondent asserts, “The requestor has not provided any evidence of the date it was notified of the correct carrier. Without that, one cannot determine if the submitted bill to the correct carrier was within 95 days of that notification.”

The requestor, however, did provide a copy of the Aetna denial EOB, dated March 16, 2017. This is sufficient to establish an earliest date of notification to the provider of the erroneous submission of the claim.

Texas Labor Code §408.0272 (c) provides that:

Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim.

The ninety-fifth day following March 16, 2017 was June 19, 2017.

The creation date on the medical bill is June 14, 2017, which is congruous with the carrier's audit date of July 3rd, supporting that the bill was sent to Texas Mutual Insurance Company on or about June 14, 2017. This date is within 95 days from the date the provider was notified of the erroneous submission of the initial bill.

The division thus finds the preponderance of evidence supports that the health care provider timely submitted the claim to the correct workers' compensation carrier within the requirements of Labor Code §408.0272(c).

Consequently, the division concludes the insurance carrier's denial reasons are not supported; the requestor has not forfeited the right to reimbursement for the medical bill. The services will therefore be reviewed for payment in accordance with applicable division rules and fee guidelines.

2. This dispute regards emergency room services provided at an outpatient hospital with payment subject to 28 Texas Administrative Code §134.403, requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount applying Medicare Outpatient Prospective Payment System (OPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare OPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at <http://www.cms.gov>.

For these services, Rule §134.403(f)(1) requires that the sum of the Medicare facility specific amount and any applicable outlier payment be multiplied by 200 percent.

Medicare's Outpatient Prospective Payment System (OPPS) assigns an Ambulatory Payment Classification (APC) to billed services based on procedure code and supporting documentation. The APC determines the payment rate. Payment for ancillary items and services is packaged into the APC payment. CMS publishes quarterly APC rate updates, available at www.cms.gov.

Reimbursement for the disputed services is calculated as follows:

- Procedure code 12001 has status indicator Q1, denoting STV-packaged codes. Reimbursement is packaged with payment for the emergency room visit evaluation and management code 99283, below.
- Evaluation and management code 99283 represents an emergency visit assigned APC 5023. The OPPS Addendum A rate is \$201.25, which is multiplied by 60% for an unadjusted labor-related amount of \$120.75. This is in turn multiplied by the facility wage index of 0.9794 for an adjusted labor amount of \$118.26. The non-labor related portion is 40% of the APC rate, or \$80.50. The sum of the labor and non-labor portions is \$198.76. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount of \$198.76 is multiplied by 200% for a MAR of \$397.52.
- Procedure code 90715 has status indicator N, denoting codes packaged with payment for the primary services.
- Procedure code 90471 has status indicator S, denoting significant outpatient procedures paid by APC, not subject to reduction. This code is assigned APC 5692. The OPPS Addendum A rate is \$53.17. This is multiplied by 60% for an unadjusted labor-related amount of \$31.90, which is multiplied by the facility wage index of 0.9794 for an adjusted labor amount of \$31.24. The non-labor related portion is 40% of the APC rate, or \$21.27. The sum of the labor and non-labor portions is \$52.51. The cost of services does not meet the threshold for outlier payment. The facility specific amount of \$52.51 is multiplied by 200% for a MAR of \$105.02.

3. The total recommended reimbursement for the disputed services is \$502.54. The insurance carrier has paid \$0.00, leaving an amount due to the requestor of \$502.54. This amount 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 \$502.54.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$502.54, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Grayson Richardson
Medical Fee Dispute Resolution Officer

March 9, 2018
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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. **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.