



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

BAYLOR UNIVERSITY MEDICAL CENTER

Respondent Name

PROPERTY & CASUALTY INSURANCE COMPANY OF HARTFORD

MFDR Tracking Number

M4-18-3440-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 17, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Claim was first mailed out on 10/6/2017. Called CCMSI for bill status on 11/20/17 they had received it on 10/13/2017 and on 12/4/2017 Aubrey had stated that it was still in processing. Then on 1/18/2018 it disappeared, no one could find it."

Amount in Dispute: \$2,172.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Respondent contends Requestor did not submit the medical bill in dispute within 95 days of the date of service as required by DWC Rule 133.20(b)."

Response Submitted by: Downs Stanford, P.C.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: September 18, 2017, Outpatient Hospital Services, \$2,172.60, \$338.42

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 hospital facility fee guideline for outpatient services.
3. 28 Texas Administrative Code §133.20 sets out medical bill submission requirements for health care providers.
4. 28 Texas Administrative Code §133.210 sets out requirements regarding medical documentation.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED
- 18 - EXACT DUPLICATE CLAIM/SERVICE

Issues

1. Are the insurance carrier's reasons for denial of payment supported?
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 code 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED."

28 Texas Administrative Code §133.20(b) requires that "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

The date of service in dispute is September 18, 2017. The 95th day following the date of service was Friday, December 22, 2017.

The health care provider submitted patient account comment logs documenting that a paper medical bill was submitted to CCMSI on October 6, 2017.

The provider also submitted evidence of a telephone conversation with CCMSI on November 20, 2017, documenting in the patient account comment logs: "RECD RETURNED CALL FROM CCMSI, CLAIM WAS RECD ON 10/13/17 AND IT IS STILL IN PROCESSING"

The provider documented additional telephone conversations on December 4, 2017 and December 15, 2017 during which carrier representatives advised the claim was "STILL IN PROCESSING."

Upon review of the submitted information, the division concludes, based on a preponderance of the evidence, that the health care provider submitted the medical bill to CCMSI and that the bill was acknowledged received by them before the 95th day following the date of service.

Review of the explanations of benefits (EOBs) submitted by the insurance carrier finds that "CCMSI TX WC" is listed above the carrier's name at the top of the EOBs. The division takes notice that CCMSI is a third-party administrator of insurance claims. Based on the EOBs submitted by the respondent, the division concludes CCMSI is an agent of the insurance carrier.

28 Texas Administrative Code §133.210(e) states:

It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.

The submitted evidence supports the medical bill was acknowledged received by the insurance carrier's agent, CCMSI, on 3 separate occasions prior to the timely filing deadline. As required by Rule §133.210(e), the division considers the insurance carrier to simultaneously possess the medical bill. The division thus finds the medical bill was timely submitted to the insurance carrier before the 95th day following the date of service.

As the medical bill was timely submitted, the insurance carrier's denial reason is not supported. The disputed services will therefore be reviewed for reimbursement in accordance with division rules and fee guidelines.

2. This dispute regards outpatient facility services 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 published in the Federal Register, with modifications set out in the rules. Rule §134.403(f)(1) requires the Medicare facility specific amount and any outlier payment be multiplied by 200 percent for these disputed emergency room services.

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

Reimbursement for the disputed services is calculated as follows:

- Procedure codes 80053, 82962, 83880, 84484 and 85025 have status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code 71010 represents an X-ray. This service is assigned APC 5521, with status indicator S. The OPSS Addendum A rate of \$59.86 is multiplied by 60% for an unadjusted labor amount of \$35.92, in turn multiplied by the facility wage index of 0.9794 for an adjusted labor amount of \$35.18. The non-labor portion is 40% of the APC rate, or \$23.94. The sum of the labor and non-labor portions is the Medicare facility specific amount of \$59.12, which is multiplied by 200% for a MAR of \$118.24.
- Procedure code 99282 represents outpatient emergency room visit evaluation and management. This service is assigned APC 5022 with status indicator V. The OPSS Addendum A rate of \$111.47 is multiplied by 60% for an unadjusted labor amount of \$66.88, in turn multiplied by the facility wage index of 0.9794 for an adjusted labor amount of \$65.50. The non-labor portion is 40% of the APC rate, or \$44.59. The sum of the labor and non-labor portions is the Medicare facility specific amount of \$110.09, which is multiplied by 200% for a MAR of \$220.18.
- Procedure code 93005 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for procedure codes 71010 and 99282, above.

3. The total recommended reimbursement for the disputed services is \$338.42. The insurance carrier paid \$0.00. The amount due is \$338.42. 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 \$338.42.

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 \$338.42, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	August 10, 2018
Signature	Medical Fee Dispute Resolution Officer	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.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWCO45M) in accordance with the form’s instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.