



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

PHYSICIANS SURGICAL HOSPITAL

Respondent Name

OLD REPUBLIC INSURANCE COMPANY

MFDR Tracking Number

M4-20-0158-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

September 16, 2019

Response Submitted By

No response received from insurance carrier

REQUESTOR'S POSITION SUMMARY

The health care provider did not submit a position statement for consideration in this review.

RESPONDENT'S POSITION SUMMARY

The insurance carrier did not submit a response for consideration in this review.

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
February 12, 2019	Outpatient Hospital Services	\$464.75	\$0.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 Texas Administrative Code §133.210 sets out requirements for medical documentation.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the hospital facility fee guideline for outpatient services.
- DWC provided a copy of the Medical Fee Dispute Resolution request to the insurance carrier's Austin representative, receipt acknowledged September 25, 2019. 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 has not responded. Consequently, this decision is based on the information available at the time of review.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 252 – AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
 - 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
 - 5083 – OP REPORT/MEDICAL RECORDS ARE REQUIRED FOR REVIEW. PLEASE RE-SUBMIT BILL WITH PROPER INFORMATION FOR FURTHER PROCESSING.

Issues

Are the insurance carrier's reasons for denial of payment supported?

Findings

The insurance carrier failed to submit a response to the MFDR request. DWC provided a copy of the Medical Fee Dispute Resolution request to the insurance carrier's Austin representative, receipt acknowledged September 25, 2019. Rule 28 Texas Administrative Code §133.307(d)(1) states, "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." To date the insurance carrier has not responded.

The health care provider also failed to submit a position statement for review with the request for dispute resolution.

Rule 28 TAC §133.307(c)(2) requires the provider, when requesting MFDR, to include the following information and documents with the request:

- (A) the name, address, and contact information of the requestor;
- (B) the name of the injured employee;
- (C) the date of the injury;
- (D) the date(s) of the service(s) in dispute;
- (E) the place of service;
- (F) the treatment or service code(s) in dispute;
- (G) the amount billed by the health care provider for the treatment(s) or service(s) in dispute;
- (H) the amount paid by the workers' compensation insurance carrier for the treatment(s) or service(s) in dispute;
- (I) the disputed amount for each treatment or service in dispute;
- (J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions);
- (K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;
- (L) when applicable, a copy of the final decision regarding compensability, extent of injury, liability and/or medical necessity for the health care related to the dispute;
- (M) a copy of all applicable medical records related to the dates of service in dispute;
- (N) a position statement of the disputed issue(s) that shall include:
 - (i) the requestor's reasoning for why the disputed fees should be paid or refunded,
 - (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
 - (iii) how the submitted documentation supports the requestor's position for each disputed fee issue;
- (O) documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title (relating to Medical Reimbursement) or §134.503 of this title (relating to Pharmacy Fee Guideline) when the dispute involves health care for which the division has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable ...
- (Q) any other documentation that the requestor deems applicable to the medical fee dispute.

DWC urges requestors to provide the above information and documents with any request for MFDR.

DWC rules provide that if the required information is not received, DWC may base its decisions on the information available at the time of review.

Providers may find the most current versions of Texas workers' compensation rules either directly from the DWC website at: <https://www.tdi.texas.gov/wc/rules/index.html>

Or from the Texas Secretary of State's website: [https://texreg.sos.state.tx.us/public/tacctx\\$.startup](https://texreg.sos.state.tx.us/public/tacctx$.startup)

Neither the health care provider nor the insurance carrier provided a position statement for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

The insurance carrier denied disputed services with claim adjustment reason codes:

- 252 – AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
- 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
- 5083 – OP REPORT/MEDICAL RECORDS ARE REQUIRED FOR REVIEW. PLEASE RE-SUBMIT BILL WITH PROPER INFORMATION FOR FURTHER PROCESSING.

28 TAC §133.210 requires that

- (c) In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:
- (1) the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes;
 - (2) surgical services rendered on the same date for which the total of the fees established in the current Division fee guideline exceeds \$500: a copy of the operative report;
 - (3) return to work rehabilitation programs as defined in §134.202 of this title (relating to Medical Fee Guideline): a copy of progress notes and/or SOAP (subjective/objective assessment plan/procedure) notes, which substantiate the care given, and indicate progress, improvement, the date of the next treatment(s) and/or service(s), complications, and expected release dates;
 - (4) any supporting documentation for procedures which do not have an established Division maximum allowable reimbursement (MAR), to include an exact description of the health care provided; and
 - (5) for hospital services: an itemized statement of charges.
- (d) Any request by the insurance carrier for additional documentation to process a medical bill shall:
- (1) be in writing;
 - (2) be specific to the bill or the bill's related episode of care;
 - (3) describe with specificity the clinical and other information to be included in the response;
 - (4) be relevant and necessary for the resolution of the bill;
 - (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
 - (6) indicate the specific reason for which the insurance carrier is requesting the information; and
 - (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.
- (e) 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 disputed services are hospital facility services, subject to the medical documentation requirements of Rule 28 TAC §133.210(c)(5), requiring an itemized statement of charges to accompany the bill submission as supporting documentation. Review of the submitted documents finds no itemized statement submitted for review.

DWC cautions the carrier that the process for requesting additional information from the provider is detailed in Rule 28 TAC §133.210(d), above. An explanation of benefits (EOB) is not an appropriate means of requesting additional information; nor may the carrier deny payment based on documentation reasons for items that are not required to be submitted with the bill and for which the carrier has not previously requested that documentation from the provider following the process outlined in Rule 28 TAC §133.210(d).

However, because the provider did not submit an itemized statement as required by Rule 28 TAC §133.210(c)(5), the insurance carrier's denial reason is supported. Consequently, payment cannot be recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of the division is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered. For the reasons above, the requestor has not established that additional payment is due. As a result, the amount ordered is \$0.00.

ORDER

In accordance with Texas Labor Code §413.031, based on the information submitted for review, DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Grayson Richardson
Medical Fee Dispute Resolution Officer

October 18, 2019
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 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within twenty days of your receipt of this decision. You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d). Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.