



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

CONTINUECARE HOSPITAL OF ODESSA

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-1714-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

March 9, 2020

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"I am appealing the claim with the fact we have an authorization for patient to be seen for medical necessity and all additional documents requested are included in the package. Please review claim and submitted documentation(s), and reconsider for payment on the claim."

RESPONDENT'S POSITION SUMMARY

"Continue Care Hospital did not submit required information necessary to process the bill per Rule 134.04 and a Letter of Agreement signed by both parties [sic] the provider and Texas Mutual... The Provider also did not include and [sic] itemized statement or clinical records of the treatment provided. Preauthorization approved until date of service 11/30/2018, the denial for preauthorization was added to the bill incorrectly. All other denials for missing Medicare Number, Medical records and itemized statement remain correct."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2018 through November 27, 2018	Long-Term Acute Care (LTAC)	\$252,224.71	\$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

Explanation of Benefit

- 879 – Late Appeal
- CAC-138 – Appeal procedures not followed, or time limits not met
- 879 – Rule 133.250 (B) – Healthcare provider shall submit the request for reconsideration no later than 10 months from the date of service
- 225 – Please provide clinical records of the treatment
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 225 – The submitted documentation does not support the services being billed. We will re-evaluate this upon receipt of the clarifying information
- 225 – The letter of agreement requires use of Medicare LTCH pricer. Please provide LTCH Medicare number as stated directed
- CAC-197 – Precertification/authorization/notification absent
- 240 – Preauthorization not obtained
- 895 – Requires itemized statement for hospital services

Issues

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

Findings

1. The requestor seeks reimbursement for long-term acute care services rendered on September 20, 2018 through November 27, 2018. 28 TAC §133.307(c) (1) states in pertinent part, “Timeliness. A requestor shall timely file the request with the DWC’s MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (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.”

The dates of the services in dispute are September 20, 2018 through November 27, 2018. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on March 9, 2020. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B).

The DWC concludes that the requestor has failed to timely file this dispute with the DWC’s MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

