



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

Waukesha Memorial Hospital

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-20-1920-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

April 7, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This PT was severely injured while working in the State of Texas. The patient lives in the State of Wisconsin. ...I am disputing the charges that were not paid, be paid. In the State of Wisconsin, we do not have any timely filing or need for authorization. ...I have also been informed by the State of Texas, that there are no guidelines written for an out of state provider with the State of Texas."

Amount in Dispute: \$11,230.79

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Acceptance of treating a Texas Worker's patient, also means the provider is subject to Texas Department of Insurance, Division of Workers Compensation applicability and scope of rules and guidelines TAC Rule 42.5; 42.10, Rule 133.20 for timely filing. Unless otherwise negotiated for out of state providers. The rationale given by the requestor for the late bill is not consistent with the Rule above."

Response Submitted by: Texas Mutual

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 4, 2019 through October 25, 2019; Outpatient Hospital Services; \$11,230.79; \$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 TAC §42.5 applies to the scope of rules
3. 28 TAC §42.10 outlines the acceptance of rules and guidelines
4. 28 TAC 134.600 sets out the requirements for prior authorization
5. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
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 of service
 - 714 – Accurate coding is essential for reimbursement. CPT/HCPCS billed incorrectly
 - 197 – Precertification/authorization/notification absent
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. What rules are applicable to out-of-state providers?
2. Is the insurance carrier's denial(s) of payment supported?

Findings

1. The requestor is a health care provider that rendered disputed services in the State of Wisconsin to an injured employee with an existing Texas Workers' Compensation claim.

The 28 TAC §42.5(b) indicates Out-of-state providers of health care services and supplies are governed by the Texas Workers' Compensation Act and 28 TAC §42.10 states by the submitting of a bill for services or supplies, or rendering of treatment to an injured worker entitled to benefits under the Act constitutes acceptance of and agreement to comply with these sections.

The health care provider was dissatisfied with the insurance carrier's final action and requested reconsideration from the insurance carrier. The request for payment after reconsideration was also denied.

The health care provider has requested the administrative remedy outlined in 28 TAC §133.307 for resolution of the disputed services.

Based on the provisions of the Rules above, the disputed services will be reviewed based on the Texas Workers' Compensation Act and applicable rules.

2. The requestor is seeking reimbursement for professional medical services that were denied for several reasons. A discussion based on these denials is found below.

Timely filing denials. 28 TAC §133.20 (b) states in pertinent part, q health care provider shall not submit a medical bill later than the 95th day after the date the services are provided unless satisfactory proof that the claim was erroneously file for reimbursement with a group accident/health insurance plan, a health maintenance organization or another workers compensation other than the insurance carrier liable for the payment of benefits under this title.

Review of the submitted documentation found insufficient evidence to support one of the exceptions found above. The insurance carrier's denial is supported.

Lack of prior authorization of physical therapy. 28 TAC 134.600 (p)(5) states non-emergency health care requiring preauthorization includes physical and occupational therapy services. Review of the submitted documentation found insufficient evidence to support the physical therapy services provided On October 9th and 25th, 2019 were prior authorized. The insurance carrier's denial is supported.

Denial of code 99211 as incorrect code. The insurance carrier’s denial is supported as this code is not valid when billing hospital outpatient clinic visits.

Denial of code 99000 based on bundling. 28 TAC 134.203 (b)(1) states, Texas workers' compensation system participants shall apply the Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers for coding, billing, reporting, and reimbursement of professional medical services.

Review of the disputed code finds a status code of “B” for bundled. No separate payment is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC 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 payment is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	April 30, 2020
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, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.