



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Houston Northwest
Medical Center

Respondent Name

East Tx Educational Ins Assn

MFDR Tracking Number

M4-23-1343-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 27, 2022 thru February 8, 2022	Entire Bill	\$141,505.94	\$0.00
Total		\$141,505.94	\$0.00

Requestor's Position

"Payer processed the corrected claim for no additional allowance on 11/16/2022. As this corrected claim was delivered by 11/09/2022, which is within 10 months of the dates of service in dispute, the appeal was timely, and this is eligible for MFDR per DWC Rule 28 TAC 133.307(c)(1). Following the receipt of ERO2, Hospital submitted a request for reconsideration with additional supporting documentation, which was denied on 01/18/2023 for timely filing. As this request was linked to the corrected claim, the original receipt date of the corrected clai, and appeal, should have been referred to for timely filing purposes. Additionally, as Hospital is submitting this Request for MFDR on 02/08/2023 and we are filing within one year of the dates of service in dispute, this MFDR is timely and should be reviewed per DWC Rule 28 TAC 133.30(c)(1).

Amount in Dispute: \$141,505.94

Respondent's Position

"The initial UB04 we received was billed as Type of Bill 111, and payment was issued in the amount of \$25,364.22 basing our payment on CMS calculation @143% for DRG 516. A corrected bill was filed changing the Type of Bill to 117, however, the UB04 and itemization continues to include charges for surgery, anesthesia and recovery room, which is typically not seen on a true inpatient rehabilitation stay. Reconsideration continue to maintain the original payment due to the services being billed."

Response submitted by: Claims Administrative Services. Inc.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.250 sets out the requirements of reconsiderations.
3. 28 TAC §133.20 sets out requirements of submitting a corrected claim.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 468 – Reimbursement is based on the medical hospital inpatient prospective payment system methodology
- P12 – Workers Compensation Jurisdictional fee schedule adjustment
- 350 – Bill has been identified as a request for reconsideration or appeal

Issues

1. Does the requestor's reconsideration comply with applicable rule?
2. Are the requirements of a corrected claim met?
3. Are the requirements of timely claim submission met?

Findings

1. The requestor is seeking additional reimbursement of a corrected bill for dates of service January 27, 2022, through February 8th, 2022.

The requestor submitted a corrected bill with their reconsideration request for dates of service January 27, 2022, through February 8th, 2022 changing the bill type from 111 (inpatient hospital) to 117 (inpatient rehabilitation) on October 25, 2022.

DWC Rule 134.250(d)(1) states, A written request for reconsideration shall:

1. Reference the original bill and include the same billing codes, date(s) of service and dollar amounts as the original bill.

The DWC finds the requestor’s reconsideration request did not meet these requirements.

2. The requestor states in their position statement, “Hospital submitted a corrected claim on 10/25/22...”

DWC Rule 133.20 (g) states, “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.”

Insufficient evidence was found to support the requestor’s bill was returned by the carrier. The requestor’s use of the term “corrected” claim is not supported.

3. Because this bill cannot be considered as a reconsideration or as a corrected bill, DWC Rule 133.20 (b) applies and states in pertinent part, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

The medical bill submitted on October 25, 2022, does not meet the timely filing requirement. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 27, 2023

Date

Greg Arendt
Signature

Greg Arendt April 27, 2023
Director of Medical Fee Dispute Resolution Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.