



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hendrick Medical Center

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-23-2296-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

May 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 21 – 22, 2022	Room-Board	\$2023.22	
July 21 – 22, 2022	Pharmacy	\$349.83	
July 21 – 22, 2022	Sterile Supply	\$11851.71	
July 21 – 22, 2022	Implants	\$52678.19	
July 21 – 22, 2022	Laboratory	\$1176.55	
July 21 – 22, 2022	Diagnostic Radiology	\$2252.39	
July 21 – 22, 2022	Chest X-Ray	\$605.38	
July 21 – 22, 2022	Surgical Services	\$33528.11	\$19,315.55
July 21 – 22, 2022	Anesthesia	\$6347.90	
July 21 – 22, 2022	Physical Therapy	\$199.99	
July 21 – 22, 2022	Physical Therapy	\$530.27	
July 21 – 22, 2022	Occupational Therapy	\$244.25	
July 21 – 22, 2022	Occupational Therapy	\$597.13	
July 21 – 22, 2022	Emergency Room	\$13,528.86	
July 21 – 22, 2022	Pulmonary Functions	\$14.77	
July 21 – 22, 2022	Drug/Detail Code	\$1608.13	
July 21 – 22, 2022	Recovery Room	\$5297.52	
July 21 – 22, 2022	EKG/ECG	\$449.84	

July 21 – 22, 2022	Vaccine Administration	\$211.65	
July 21 – 22, 2022	Pulmonary Rehabilitation	\$1.32	
Total		\$133,497.01	\$19,315.55

Requestor's Position

“This bill was mailed to CCMSI via USPS certified mail on 10/19/2022 tracking number... The timely filing expiration date on this bill was 10/24/2022. Per CCMSI the bill was received on 10/25/22 and denied due to timely filing. Per the tracking receipt the bill was delivered and signed for on 10/14/2022.”

Amount in Dispute: \$133,497.03

Respondent's Position

“Requestor has submitted a USPS tracking confirmation page reflecting a delivery date of October 24, 2022; however there is not address on the confirmation page showing where the information was delivered nor is there any indication as to what exactly was deliver on October 24, 2022. The tracking information page simply states something was delivered to “Dallas, Tx 75240.” Accordingly, there is no evidence reflecting Carrier received the bill on October 24, 2002.”

Response Submitted by: The Silvera Firm

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 §102.4 sets out the rules for non-division communications.
3. 28 Texas Administrative Code §134.404 sets out the acute care hospital fee guideline for inpatient services.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim

adjustment codes:

- 29 – The time limit for filing has expired.
- 4271 – Per Tx Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did the requestor support timely submission of the medical claim?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. Is the requestor entitled to additional payment?

Findings

1. The requestor is seeking reimbursement for inpatient hospital services rendered in July of 2022. The insurance carrier denied as not receiving within 95 days from date of service. DWC Rule 28 TAC §102.4 (h) states, "Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:
 1. the date received if sent by fax, personal delivery, or electronic transmission; or
 2. the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted documentation found a tracking document supporting receipt on October 24, 2022 and signed by L Hicks. The signature date on October 24, 2022 is on the 95th day. The insurance carrier's denial is not supported. The disputed service will be reviewed per applicable fee guidelines.

2. This dispute regards inpatient hospital facility services with payment subject to 28 TAC §134.404(f), requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount (including outlier payments) applying Medicare Inpatient Prospective Payment System (IPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare IPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at <http://www.cms.gov>.

The division calculates the Medicare facility specific amount using Medicare's *Inpatient PPS PC Pricer* as a tool to efficiently identify and apply IPPS formulas and factors. This software is freely available from www.cms.gov.

Separate reimbursement for implants was not requested. 28 TAC §134.404(f)(1)(A) requires that the Medicare facility specific amount be multiplied by 143%.

Review of the submitted medical bill and supporting documentation finds the assigned DRG code to be 494. The service location is Abilene, Texas. Based on DRG code, service location, and bill-specific information, the Medicare facility specific amount is \$13,507.38. This amount multiplied by 143% results in a MAR of \$19,315.55.

3. The total recommended payment for the services in dispute is \$19,315.55. The insurance This amount 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 established that additional reimbursement of \$19,315.55 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Indemnity Insurance Co of North America must remit to Hendrick Medical Center \$19,315.55 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 15, 2023
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 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.