



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NEW MILLENNIUM ANESTHESIA

Respondent Name

ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

MFDR Tracking Number

M4-17-0675-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

NOVEMBER 7, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am appealing this claim for the following reasons. It was originally denied because the Preauthorization exceeded the time frame approved. This denial was on 12/14/2015. In checking on the authorization, it was discovered the CRNA put the incorrect date of service on the anesthesia record. We submitted the corrected claim with the date of 11/13/2015 and it denied 03/17/2016 for timely filing. I have attached the original EOB of denial for proof of timely filing so the bill can be reprocessed."

Amount Sought: \$1,200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the requestor's submitted documentation the initial medical bill was submitted on 11/30/15 for date of service 11/03/15 in the amount of \$1,200.00. A bill review was conducted and final action rendered on 12/14/15 based on CARC code 198: Preauthorization exceeded. On 03/02/16 the health care provider submitted a medical bill for date of service 11/13/15 in the amount of \$1,200.00. The health care provider indicated the submission was a corrected medical bill due to a date of service billing error. Per division rule §133.250(d)(1) a written request for reconsideration shall reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill. As such, a bill review was conducted and final action was rendered on 03/17/16 based on CARC code 29: Time limit for filing bill/claim has expired.

Response Submitted by: Corvel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount Sought	Amount Due
November 13, 2015	CPT Code 01810-QZ Anesthesia Services	\$1,200.00	\$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. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29-The time limit for filing claim/bill has expired.
 - RM2-The time limit for filing claim has expired. QZ-CRNA service: w/o medical direction by physician.
 - 18-Duplicate claim/service
 - R1-Duplicate billing.

Issues

Did the requestor support position that the disputed bills were submitted timely?

Findings

The requestor originally billed the respondent CPT code 01810-QZ for date of service November 3, 2015 that was denied for a lack of preauthorization. This denial is supported because the documentation reveals that on November 11, 2015 the requestor obtained preauthorization for left hand/wrist surgery.

The requestor wrote "In checking on the authorization, it was discovered the CRNA put the incorrect date of service on the anesthesia record. We submitted the corrected claim with the date of 11/13/2015 and it denied 03/17/2016 for timely filing. I have attached the original EOB of denial for proof of timely filing so the bill can be reprocessed."

28 Texas Administrative Code §133.250(d)(1) states "A written request for reconsideration shall: reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill." Based upon the submitted medical bill, the requestor did not submit the reconsideration in accordance with 28 Texas Administrative Code §133.250(d)(1) because the date was changed from November 3 to November 13, 2015.

According to the explanation of benefits, the respondent denied reimbursement for the anesthesia services rendered on November 13, 2015 based upon reason code "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall 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 via 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 shall be the next previous day which is not a Sunday or legal holiday."

The division finds that the requestor did not sufficiently support that the disputed bills were submitted timely in accordance with Texas Labor Code §408.027(a). As a result, reimbursement is not recommended.

Conclusion

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

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		11/22/2016
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 28 Texas Administrative Code §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 the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

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