



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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AMENDED
MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Occupational Medical Care

Respondent Name

Charter Oak Fire Insurance Co

MFDR Tracking Number

M4-18-3466

Carrier's Austin Representative

Box 5

MFDR Date Received

May 18, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Travelers has repeatedly denied payment for PT services rendered on above dates of service stating late filing as per EOBs. We have always included "confirmed fax" page to show carrier that we filed the claims on time in each letter of reconsideration that we sent."

Amount in Dispute: \$1,181.33

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: June 8, 2018: "...the Carrier has reviewed the documentation and determined the Provider is entitled to reimbursement."

August 2, 2018: "...It looks like the March 10 and 13 dates got missed. I'm having my team double check and payment will be issued if it was. As to the March 15, date, per our response, we are maintaining our position that the billing was not timely submitted and are currently not voluntarily issuing reimbursement."

Response submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. It contains two rows of data regarding physical therapy services from 2017.

AMENDED FINDINGS AND DECISION

This amended decision supersedes the previous decision issued on September 14, 2018. This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
3. 28 Texas Administrative Code §102.4 sets out general guidelines for non-commission communications.
4. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional medical services.
5. Commissioner's Bulletin # B-0042-17 states that for system participants who reside in the counties listed in the Governor's disaster proclamation, the Texas workers' compensation deadlines for filing disputes are tolled through the duration of the Governor's disaster proclamation.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired

Findings

Charter Oak Fire Insurance Co denied payment for physical therapy services provided by Occupational Medical Care from January 23, 2017 through March 15, 2017.

In its response to medical fee dispute resolution, Charter Oak Fire Insurance Co agreed that dates of service January 23 through March 13 should be paid and issued payment for those dates. Occupational Medical Care accepted the payments and indicated to medical fee dispute staff that they no longer wanted to pursue those dates. For that reason, we will discuss only the remaining dispute over the March 15, 2017 services.

For the March 15, 2017 date of service, the carrier maintained that the provider failed to timely file its medical bill to Charter Oak Fire Insurance Co. The findings of the DWC for March 15th follow.

1. *Did Occupational Medical Care timely file a complete medical bill to the carrier for date of service March 15, 2017?*

28 TAC §133.20 states that a health care provider shall submit a complete medical bill to the carrier within 95 days from the date of service.

Review of the documents submitted by Occupational Medical Care finds a fax confirmation sheet dated March 30, 2017, 02:33:07pm, for service date March 15, 2017 sent by Occupational Medical Care to the carrier. According to Rule §102.4, a written communication shall be deemed sent on the date received if sent by fax. The DWC concludes that the bill was sent on March 30, 2017 which is well within the 95-day deadline for date of service in dispute.

Based on this review DWC determines the insurance carrier's denial is not supported. The services in dispute will be reviewed based on applicable rules and fee guidelines.

2. *What is the total allowable for the March 15, 2017 services?*

28 TAC 134.203 (c) states that to determine the MAR for professional services, system participants shall apply the Medicare payment policies.

For that reason, the Multiple Procedure Payment Reduction (MPPR) shall be applied to these services as required by Medicare policy. The MPPR policy may be found in the CMS Claims Processing Manual 100-04, Chapter 5, section 10.7 found at www.cms.gov.

The MPPR policy was used in the calculation of the maximum allowable reimbursement shown below.

Procedure code 97110, billed March 15, 2017 for three units has a PE of 0.45 the highest for this date. The first unit will be paid at the full allowable of \$31.73. The second and third units will be paid at \$24.23. $57.5/35.8887 \times \$31.73 = \51.39 . $57.5/35.8887 \times \$24.23 \times 2 = \78.49 . $\$51.39 + \$78.49 = \$129.88$.

Procedure code 97140, billed March 15, 2017 has a PE of 0.41 not the highest for this date and will be paid at the reduced rate of \$22.56. $57.5/35.8887 \times \$22.56 = \36.44

The total allowable for the March 15, 2017 services is therefore \$166.32. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$166.32.

ORDER

This amended order supersedes the previous order issued on September 27, 2018. The division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$166.32, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

		October 15, 2018
Signature	Medical Fee Dispute Resolution Director	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 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 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 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.