



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

EcCARE HEALTH CENTERS

Respondent Name

TRUMBULL INSURANCE CO

MFDR Tracking Number

M4-16-0330-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

SEPTEMBER 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On [Date of Injury] worker compensation medical services were provided in the form of an initial office visit to [Claimant], an injured employee of [Employer] whose responsible payer is Gallagher Bassett of Tuscon, AZ. No explanation of Benefits is available at thgis [sic] time, however a request was made to Gallagher Bassett to provide an EOB. That form is at this time still. forthcoming.".

Amount in Dispute: \$333.46

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This dispute concerns services provided by Professional Emergency Services (PES) on [Date of Injury]. PES is not entitled to the reimbursement requested because Trumbull does not have a workers' compensation claim in this matter and PES failed to timely submit a bill to Trumbull. Trumbull has reviewed its filed. It has no record of any workers' compensation claim made by [Claimant] regarding an alleged ...date of injury. Furthermore, PES failed to timely submit a bill to Trumbull...The bills submitted by PES in its request indicate that they were sent to Gallagher Bassett...Gallagher Bassett is not related to Trumbull or Sedgwick regarding this matter."

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include October 7, 2014 with CPT and HCPCS codes, and a TOTAL row.

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 Texas Administrative Code §133.250, effective March 30, 2014 sets out the medical bill/audit process.
3. Neither party to the dispute submitted copies of explanation of benefits for the disputed services.

Issues

Is disputed services eligible for review in accordance with 28 Texas Administrative Code §133.307 and §133.250?

Findings

28 Texas Administrative Code §133.250(i) states, "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills)."

28 Texas Administrative Code §133.307(c)(2) states, "Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include:

(J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions);

(K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB"

A review of the submitted medical bill, finds that the requestor sent the bill to Gallagher Bassett. The respondent indicated in the position summary that "PES failed to timely submit a bill to Trumbull...The bills submitted by PES in its request indicate that they were sent to Gallagher Bassett...Gallagher Bassett is not related to Trumbull or Sedgwick regarding this matter." No evidence was submitted to refute the respondent's position that the requestor sent the disputed bill to the incorrect insurance carrier.

The Division reviewed the submitted dispute packet and finds no evidence that the requestor submitted the medical bill to the respondent in accordance with §133.250. The Division finds that the requestor has not supported that the disputed services are eligible for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307 and §133.250. 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

Signature

Medical Fee Dispute Resolution Officer

Date

11/13/2015

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, 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 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.