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
Coffey County Hospital

Respondent Name
Texas Mutual Insurance Co

MFDR Tracking Number
M4-17-1099-01

Carrier's Austin Representative Box
Box 54

Fee Dispute Request Received
December 21, 2016

Response Submitted by:
Texas Mutual Insurance Co

REQUESTOR POSITION SUMMARY

"Our facility made every attempt to promptly receive required info to get this claim paid."

RESPONDENT POSITION SUMMARY

"Casualty insurance typically covers vehicle insurance…the requestor provided no evidence Texas Farm Bureau Casualty issues policies for group accident/health insurance, or…is an HMO…or is a workers' compensation carrier."

SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Dates of Service	Disputed Service	Disputed Amount	Division Order
February 14, 2016	Ambulance Transport - Ground	$1,382.71	$0.00

AUTHORITY

Texas Labor Code §413.031 (c) In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

Rule at 28 Texas Administrative Code §133.307 sets out the process for medical fee dispute resolution applicable to requestors, respondents, and the Division.

Claim Adjustment Reason Codes

The insurance carrier denied payment for the disputed service based upon untimely submission of the medical

bill.

Findings

Coffey County Hospital, a ground ambulance transport provider, requested payment from Texas Mutual Insurance Co, a workers' compensation carrier, for service provided to a covered injured employee. The carrier denied payment and explained that the ground ambulance provider did not submit the medical bill for payment within 95 days from the date of the service as required. The provider disagrees with the denial.

1. Did Coffey County Hospital waive its right to reimbursement?

Health care providers must file a complete medical bill not later than 95 days after the date of service. Pursuant to Texas Labor Code § 408.027 and 28 Texas Administrative Code §133.20 a health care provider waives reimbursement if it does not comply with the 95-day deadline.

There are exceptions to this 95-day deadline. See Texas Labor Code § 408.0272. If an exception is met, the health care provider's deadline to submit a complete medical bill to the correct workers' compensation carrier is tolled up to and including the date that the health care provider is notified that a group accident, group health, HMO (health maintenance organization) or an incorrect workers' compensation carrier was erroneously billed. If any exception is met, the health care provider has 95 days from the date of notification to bill the correct workers' compensation carrier.

In this case, the provider erroneously billed Texas Farm Bureau Casualty for the services in dispute. Review of the copy of the insurance card provided by the requestor finds that the subject Texas Farm Bureau policy is an automobile insurance policy. Automobile insurance policies are ***not*** among the types of policies listed at Texas Labor Code 408.0272(b)(1)(A)(B) or (C). Specifically, automobile insurance policies do not meet the definitions of "Group accident and health insurance" as assigned by Chapter 1251, Insurance Code, nor do automobile policies meet the definition of "Health maintenance organization" as assigned by Chapter 843, Insurance Code.

The division concludes that Coffey County Hospital did not qualify for an exception to the 95-day filing deadline. The denial for untimely filing is supported.

Decision

Coffey County Hospital failed to meet its burden to prove that it timely billed the services in dispute. Consequently, Coffey County Hospital has waived its right to reimbursement pursuant to Texas Labor Code § 408.027. Coffey County Hospital request for reimbursement is therefore denied.

DIVISION ORDER

The undersigned has been delegated authority by the Commissioner of the Division of Workers' Compensation to sign this official order.

Authorized Signature

		April 3, 2019
Signature	Medical Fee Dispute Resolution Director	Date

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this Division decision. To appeal, submit form DWC Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at https://www.tdi.texas.gov/forms/form20numeric.html.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of a this decision is not timely made.

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.

If you have questions about the DWC Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.