



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

Texas Institute for Surgery

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-19-0755-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

October 12, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "There has been no response from the adjuster or the supervisor regarding payment on this claim."

Amount in Dispute: \$11,043.21

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Claim is denied due to no coverage for this claim. The carrier is Corvel."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 9, 2018	Outpatient hospital services	\$11,043.21	\$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. 28 Texas Administrative Code §133.20 sets out the requirements for claim submission for medical bills.
3. Neither party submitted an explanation of benefits for the disputed services.

Issues

Is the requestor’s position supported?

Findings

The requestor states, “We submitted this bill to the carrier... and the bill was received 07/26/2018.”

Review of the submitted medical bill found the payer listed in box 50 of the submitted medical bill indicates “Corvel.”

All correspondence regarding receipt of the bill was from Hartford Casualty which included a PLN-1 notifying the health care provider Hartford was not the worker’s compensation carrier for this claimant.

The requestor’s position they submitted the medical bill to the correct carrier is not supported.

28 TAC §133.20 (c) required the health care provider to submit a medical bill prior to the 95th day after the date the services are provided. Insufficient evidence was found to support the health care met this requirement. No additional payment is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 10, 2020 Date
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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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

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