



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

HEALTHCARE SUBROGATION GROUP

Respondent Name

INDEMNITY INSURANCE COMPANY

MFDR Tracking Number

M4-20-1995-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

April 14, 2020

Response Submitted by:

Gallagher Bassett

REQUESTOR'S POSITION SUMMARY

"The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review."

RESPONDENT'S POSITION SUMMARY

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed. Supplemental response will be provided once the bill auditing company has finalized their review."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 22, 2019 through March 23, 2019	99283, 73600, 85610, 85025, 85730, 73600 and Revenue Code 250	\$2,138.35	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance (TDI), Division of Workers' Compensation (DWC).

BACKGROUND

1. TLC §409.0091 applies only to dates of injury on or after September 1, 2007 **except** as provided by Section 409.0091(s).
2. TLC § 409.0091(f) relates to the form and manner the health care insurer shall file for reimbursement from the workers' compensation insurance carrier.
3. The provisions of TLC §§ 409.009, and 409.0091 apply to dispute resolution.
4. 28 TAC §§ 140.6, 140.8 and 28 TAC §133.307 set out the procedures for health care insurers to pursue medical fee dispute resolution.

Issues

In reference to the health care insurer's / subclaimants' request for medical fee dispute resolution, the Division will address the following:

- Did the requestor file for reimbursement from the workers' compensation insurance carrier in the form and manner prescribed by TLC § 409.0091(f)?
- Is this request eligible for medical fee dispute resolution under 28 TAC § 133.307?

Findings

1. TLC §409.0091(f) states in pertinent part "...the health care insurer shall provide, with any reimbursement request, the tax identification number of the health care insurer and the following to the workers' compensation insurance carrier, in a form prescribed by the Division: (1) information identifying the workers' compensation case, including: ... and (2) information describing the health care paid by the health care insurer, including:..." The Division prescribed DWC Form-026 to meet the requirements under TLC § 409.0091(f). The DWC finds that the healthcare insurer submitted insufficient documentation to support that a DWC Form-026 form was submitted with the request for reimbursement to the carrier. The requestor did not include a complete DWCFrom-026 with the DWCO60 request. Therefore, the requestor was not eligible for reimbursement because the request was not filed in the form and manner prescribed by the Division.
2. Furthermore, TLC §409.009 states in pertinent part, "A person may file a written claim with the division as a subclaimant if the person has: 1) provided compensation, including health care provided by a health care insurer, directly or indirectly, to or for an employee or legal beneficiary; and (2) sought and been refused reimbursement from the insurance carrier.

28 TAC §140.6(d) states in pertinent part, "Subclaimants, other than subclaimants described in §409.0091, must pursue a claim for reimbursement of medical benefits and participate in medical dispute resolution in the same manner as an injured employee or in the same manner as a health care provider, as appropriate, under Chapters 133 and 134 of this title (relating to General Medical Provisions and Benefits--Guidelines for Medical Services, Charges, and Payments); and 2) A health care insurer subclaimant must submit a reimbursement request in the form/format and manner prescribed by the Division and must contain all the required elements listed on the form.

28 TAC Section 133.307 (c)(1)(A), requires filing not later than one year after the date(s) of service in dispute and (c)(2)(c) requires a form DWCO60 table listing the specific dispute health care and charges in the form and manner prescribed by the Division. The position summary, EOBs, medical bills, medical documentation were absent in the dispute DWCO60 package. The request for dispute resolution was filed later than the one-year filing deadline and the documentation was insufficient to show compliance with 28 TAC §140.6(d), TLC § 409.009 and 28 TAC §133.307.

Conclusion

For each of the reasons stated, the Division finds that the requestor has failed to establish that reimbursement in the amount of \$2,138.35 is due. As a result, the amount ordered is \$0.00.

Signature

Medical Fee Dispute Resolution Officer

September 11, 2020
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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** along 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.