



# 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**

Baylor Surgical Hospital

**Respondent Name**

North American Specialty Insurance Co

**MFDR Tracking Number**

M4-21-0413-01

**Carrier's Austin Representative**

Box 48

**MFDR Date Received**

November 12, 2020

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** No position statement submitted.

**Amount in Dispute:** \$21,724.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The provider's bill was denied on the basis that the provider did not submit the medical bill to the carrier within 95 days following the December 14, 2019 date of service. In fact, the provider's UB0-4 was not even created until July 13, 2020, some seven months after the date of service. The provider's duty to submit the medical bill within 95 days of the date of service is set out under Section 408.027 of the Texas Labor Code and Division Rule 133.20(b).

**Response submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 14, 2019 through December 17, 2019	Inpatient Hospital Services	\$21,724.00	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
- Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – The time limit for filing has expired

**Issues**

Is the insurance carrier’s reason for denial of payment supported?

**Findings**

The requestor is seeking reimbursement of inpatient hospital services rendered in December 2019. The requestor did not submit a position statement. Review of the documentation submitted with their request for MFDR were EOBs from UnitedHealthcare Shared Services that denied the services as (197) lack of pre-authorization. These EOBs do not reference workers compensation claim information.

The respondent submitted documentation that included an EOB from a worker’s compensation carrier (IMO) that denied the disputed services based on timely submission of claim. 28 TAC §133.20 (b) states in pertinent part, except as provided in Labor Code §408.0272(b), (c) or (d) the health care provider shall submit the medical bill to the correct workers’ compensation carrier no later than the 95<sup>th</sup> date after the date the health care provider is notified of the erroneous submission of the bill to a group accident and health insurance, a health maintenance organization or another workers’ compensation carrier.

The submitted documentation does support a claim was submitted to an insurance carrier other than the workers’ compensation carrier liable for the claim but, 28 TAC §133.20 (b) goes on to say a health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied

Review of the submitted documentation found insufficient evidence to support the requirements of Rule 133.20 (b) were met. The insurance carrier’s denial is supported. No 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

December 3, 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 Rule §133.307, 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.**