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TDI Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Ector County Hospital District

Respondent Name
State Office of Risk Management

MFDR Tracking Number
M4-22-0248-01

Carrier's Austin Representative
Box Number 45

DWC Date Received
October 6, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 6, 2020	86901	$66.86	$0.00
November 6, 2020	86900	$218.06	$0.00
November 6, 2020	86995	$287.00	$0.00
November 6, 2020	71045	$159.62	$0.00
November 6, 2020	72125	$224.16	$0.00
November 6, 2020	70450	$224.16	$0.00
November 6, 2020	74177	$763.70	$0.00
November 6, 2020	71260	$364.44	$0.00
November 6, 2020	99285	$1009.02	$0.00
	Total	$3,317.02	$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "Please note the license number is H9563 and it is present in the correct location."

Amount in Dispute: $3,317.02

Respondent's Position

,,,review of the claim file found that the Office's first receipt of a complete medical bill was received on 7/23/2021 where an audit was performed, and charges were denied for 29-Time limit for filing has expired as it was received a request for reconsideration pursuant to 28 TAC Rule 133.2505 as of todays response date. The Office reviewed the dispute packet and did not locate supporting legible documentation that met the exceptions in §408.0272. Therefore, the Office will maintain our denial for CARC code 29-Time limit for filing has expired.

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.20 sets out requirements of medical bill submission.

3. Texas Labor Code §408.0272 sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired

Issues

1. Did the requestor support timely submission of medical claim?
2. What rule is applicable to medical claim submission?

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in November 2020. The insurance carrier denied the claim based on timely filing.

   Review of the submitted documents found a letter from the insurance carrier dated December 9, 2020, informing of an incomplete bill. A complete bill was submitted with a creation date of September 27, 2021, along with the request for reconsideration dated September 27, 2021.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The submission of a corrected bill is not an exception to Rule 408.0272. The insurance carrier's denial is supported. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

		November 9, 2021
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.