

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MHHS Northeast Hospital

**Respondent Name**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-22-0253-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 6, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 4, 2021	Emergency Room	\$2.00	\$0.00
May 4, 2021	X-RAY	\$898.25	\$0.00
May 4, 2021	Emergency Room	\$2,892.50	\$0.00
<b>Total</b>		<b>\$3,792.75</b>	<b>\$0.00</b>

### Requestor's Position

As of right now, the claim is unreported and the carrier/employer has refused to set up a Workers Compensation claim or accept the medical records as a First Report of a claim per Texas Labor Code 124.1 (a) (3).

**Amount in Dispute:** \$3,792.75

### Respondent's Position

There is nothing in the DWC-60 packet that suggests that the provider filed a medical bill nor a request for reconsideration with the carrier prior to filing the DWC-60.

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

## 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 §133.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. 28 TAC §102.4 sets out the rules for non-commission communications.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the adjudication of payment for the disputed services.

### Issues

1. Did the requestor support timely submission of medical claim?
2. Did the requestor meet the requirements of non-commission communications?

### Findings

1. The requestor is seeking reimbursement for outpatient emergency room services rendered in May 2021. The insurance carrier states the first receipt of the medical bill was at the time of the request for medical fee dispute resolution.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided unless an exception found in Texas Labor Code §408.0272 where they submit satisfactory proof of erroneous submission of a claim to a group accident and health plan that covers the injured employee or a health maintenance organization that covers the injured employee or a workers compensation carrier other than the insurance carrier liable for the payment.

The Division finds insufficient documentation to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

2. DWC Rule 28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
- (1) the date received, if sent by fax, personal delivery, or electronic transmission or,
  - (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided.

Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute. 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**

_____	_____	<u>November 2, 2021</u>
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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).