



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Regional Medical Center

Respondent Name

Tx Public School WC Project

MFDR Tracking Number

M4-22-0867-01

Carrier's Austin Representative

Box Number 1

DWC Date Received

January 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 18, 2021	99284	\$1410.56	\$0.00
April 18, 2021	93971	\$616.00	\$0.00
April Total		\$2,026.56	\$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 that provider billed patient's private insurance, BCBS, prior to billing work comp carrier which proof of timely filing has been provided for review."

Amount in Dispute: \$2,026.56

Respondent's Position

CRF contends that TRMC was in possession of essential information it needed to timely submit its bills to CRF in this workers' compensation claim. Consequently, its reliance on Texas Labor Code Ann., 408.0272 is not supported by the evidence.

Response Submitted by: Creative Risk Funding

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:

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 29 – The time limit for filing has expired

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement for outpatient hospital services rendered in April 18, 2021. The insurance carrier denied the claim as not submitted timely.

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. The health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill.

Review of the submitted documentation found the claim was processed by Blue Cross Blue Shield in May 2021. Insufficient evidence was found to support when the requestor was notified of the incorrect billing or that the correct workers' compensation carrier was billed within the required 95 days.

The insurance carrier's payment 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

_____	_____	February 19, 2022
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 electrónico CompConnection@tdi.texas.gov.