

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VHS Harlingen Hospital

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-22-1236-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2021	0300	\$1712.00	\$0.00
March 2, 2021	0730	\$1059.00	\$0.00
March 5, 2021	0250	\$754.00	\$0.00
March 5, 2021	0278	\$26892.00	\$0.00
March 5, 2021	0300	\$240.00	\$0.00
March 5, 2021	0360	\$61076.00	\$0.00
March 5, 2021	0370	\$12401.00	\$0.00
March 5, 2021	0363	\$2933.00	\$0.00
March 5, 2021	0710	\$12762.00	\$0.00
Total		\$119829.00	\$0.00

Requestor's Position

Sedgwick failed to provide an EOB within 60 days of the date of service.

Amount in Dispute: \$119,829.00

Respondent's Position

The carrier did not receive the provider's initial medical bill nor a request for reconsideration. ...Now that the carrier has received the provider's UB-04 which was attached to the January 19,

2022 letter, the carrier is processing the provider's medical bill. However, the carrier's initial impression is that the provider's medical bill is illegible. That was the basis of the provider's response dated February 15, 2022.

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 exceptions for untimely submission of medical bills.

Denial Reasons

Neither party submitted an explanation of benefits pertaining to the adjudication of the services in dispute.

Issues

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

Findings

1. The requestor is seeking for outpatient hospital services rendered in March 2021. The insurance carrier states the medical bill for the disputed services was not received until January 2022.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) 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 insurance carrier submitted documentation to support the receipt of the claim in January 2022 when Sedgwick Bill Review notified the health care provider the bill was illegible and being returned on February 15, 2022.

Insufficient documentation was found to support the timely submission of the medical bill to the correct workers' compensation carrier or that an exception applies. No payment can be 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

Signature

Medical Fee Dispute Resolution Officer

March 23, 2022
Date



Director Medical Fee Dispute Resolution

March 23, 2022
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.