

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ODESSA REGIONAL
MEDICAL CENTER

Respondent Name

STARR INDEMNITY & LIABILITY CO

MFDR Tracking Number

M4-22-1266-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 24, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-----------------------------|-------------------|------------|
| June 25, 2021 | Hospital Outpatient Service | \$810.00 | \$0.00 |
| | Total | \$810.00 | \$0.00 |

Requestor's Position

"In addition to the language barrier, several attempts to obtain workers compensation information. Please see the attached letters as well as returned mail for proof of timely filing. One of the letters shows that we obtained work comp information after 10/21/21."

Amount in Dispute: \$810.00

Respondent's Position

The Austin carrier representative for AIMBRIDGE GROUP HOLDINGS LP is FLAHIVE OGDEN & LATSON. FLAHIVE OGDEN & LATSON was notified of this medical fee dispute on March 01, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- 29 – The time limit for filing has expired
- P12 – Workers Compensation Jurisdictional
- 4271 – Per TX Labor Code Sec 408.027, Providers must submit bills to payors within 95 day of the date of service
- 93 – No claim level adjustment

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

1. The requestor is seeking \$810.00 for Hospital outpatient service rendered June 25, 2021. The insurance carrier denied disputed service based on timely filing deadline not met.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the submitted documentation found does not support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute.

- Date of CMS 1500 January 26, 2022
- Date of EOB's from insurance carrier January 4, 2022 and January 26, 2022

For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided. The insurance carrier's denial is supported.

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.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is \$0.00.

Authorized Signature

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution Officer

June 7, 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.