



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

WADLEY REGIONAL MEDICAL CENTER

Respondent Name

TRAVELERS PROPERTY CASUALTY COMPANY

MFDR Tracking Number

M4-22-1800-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

April 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 17, 2021	Facility Charges	\$1,877.14	\$0.00
Total		\$1,877.14	\$0.00

Requestor's Position

"This bill and appeal were denied for timely filing. The BCBS remit was attached as proof of timely."

Amount in Dispute: \$1,877.14

Respondent's Position

"The Provider contends they are entitled to reimbursement for the disputed services. These are the same services reimbursed to BCBS by the Carrier. The Provider is not entitled to reimbursement from both sources. As the services were submitted to and paid by BCBS, and BCBS has been reimbursed by the Carrier, the Provider is not eligible for reimbursement for the same services from the Carrier. The Carrier contends the Provider is not entitled to reimbursement from the workers compensation carrier. The Carrier, therefore, respectfully requests the Division determine no additional reimbursement is due for this service. Should you have any questions, or need additional information, please do not hesitate to contact the undersigned."

Response Submitted by: Travelers

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.403 sets out the fee guideline for professional medical services.
3. 28 TAC §140.8 sets out the procedures for Health Care Insurers to Pursue Reimbursement of Medical Benefits under Labor Code 409.0091.

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.
- 4271 – Per TX labor code sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did the Insurance Carrier take final action on the medical bill prior to the filing of the medical fee dispute resolution request?
2. Is the Insurance Carrier's denial reason(s) supported?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for facility services rendered on June 17, 2021. The requestor billed Blue Cross Blue Shield (private health insurer) and was reimbursed the amount of \$1,290.23. The requestor identified the claim as a workers compensation claim and then proceeded to bill Travelers for disputed date of service June 17, 2021. Travelers indicates that payment is not due to the requestor, because payment has been issued to Blue Cross Blue Shield pursuant to a DWC-26 request for reimbursement submitted to Travelers.

28 TAC §140.8 states in part, "(i) Multiple Entities Seeking Reimbursement for Same Services. If there are multiple entities seeking reimbursement for the same services and dates of services for the same health care insurer for the same injured employee, the following apply: (1) When the workers' compensation insurance carrier obtains a release from the health care insurer indicating that those specific services have been paid in full, no other entity may collect for those specific services. (2) If a dispute remains over the fees to be paid for those specific services, the first in time to file a dispute with the Division is the only subclaimant that has a right to dispute resolution, and reimbursement, for that injured employee's claim and those specific services rendered unless that subclaimant abandons the dispute resolution process prior to a final adjudication of the issues."

To determine if the requestor is entitled to reimbursement the DWC considered the following:

- MFDR received the DWC60 on April 14, 2022
- The disputed date of service is June 17, 2021
- The requestor seeks reimbursement in the amount of \$1,877.14
- No documentation to support that BCBS was issued a refund of \$1,290.23 prior to the MDR request.

Blue Cross Blue Shield (BCBS)

- BCBS submitted a DWC-26 to Travelers on December 16, 2021
- BCBS claims a payment in the amount of \$1,290.23 was issued to the requestor on August 20, 2021 per the BCBS statement/reimbursement request summary to Travelers.
- Travelers reimbursed BCBS \$1,290.23 on March 12, 2022

Healthcare provider / Requestor

- Disputed date of service June 17, 2021
- Travelers sends a letter dated June 22, 2021 requesting medical information to evaluate the claim.
- BCBS issues a payment in the amount of \$1,290.23 to the requestor on August 24, 2021, per the EOB provided by requestor.
- Travelers EOB indicates the medical bill was dated February 8, 2022.
- HCP submits a copy of a medical bill (UB-04) with a "creation date" March 9, 2022.
- HCP submits a copy of an itemized statement indicating a billed date of February 2, 2022.
- Travelers audits and denies requestors medical bill on February 16, 2022 (per EOB provided by requestor)
- The DWC finds No medical bill was submitted to support that the medical services were billed to Travelers prior to the date that BCBS requested reimbursement from Travelers.

2. The DWC finds that the requestor submitted insufficient documentation to support that the medical bills were submitted to Travelers prior to the date that BCBS requested reimbursement from Travelers. Pursuant to 28 TAC 140.8 (i) the DWC finds that the requestor is not entitled to reimbursement for the services in dispute. As a result, the requestor is entitled to \$0.00 for disputed date of service June 17, 2021.

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.

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

Order

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

Authorized Signature

_____	_____	<u>June 8, 2022</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. 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.