



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Vista Medical Center

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-22-1842-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

April 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2021	Emergency Visit	\$688.01	\$0.00
Total		\$688.01	\$0.00

Requestor's Position

"This bill remains underpaid, BlueCross Blue Shield initially paid this bill and was reimbursed by Texas Mutual Insurance. No additional allowance was made after the appeal."

Amount in Dispute: \$668.01

Respondent's Position

"Texas Mutual has reviewed the DWC-60 submitted by Texas Vista Medical Center. Per review of the claim file and bill history, Texas Mutual received a DWC 26 from BCBS of Texas for healthcare reimbursement of the workers' compensation claim mentioned above. Texas Mutual reimbursed BCBS of Texas per DWC fee schedule. The facility submitted a bill to Texas Mutual Insurance, the bill was denied since reimbursement to the other Healthcare Insurer was made. The EOB denial to the provider explained the 3rd party was reimbursed. Our position is that no payment is due."

Response Submitted by: Texas Mutual

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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 617 – This item or service is not covered or payable under the Medicare Outpatient Fee Schedule
- 924 – Reimbursement amount in accordance with 409.0091(H) and 140.80 by considering the amount paid by the healthcare insurance.

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 May 25, 2021. The requestor billed Blue Cross Blue Shield (private health insurer) and was reimbursed the amount of \$664.41.

The requestor identified the claim as a workers compensation claim and then proceeded to bill Texas Mutual. Texas Mutual issued payment to Blue Cross Blue Shield pursuant to a DWC-26 request for reimbursement from Blue Cross Blue Shield.

DWC Rule 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 26, 2022.
- The disputed date of service is May 25, 2021.
- The requestor seeks reimbursement in the amount of \$668.01.
- No documentation to support that BCBS was issued a refund of \$664.41 prior to the MDR request.

Blue Cross Blue Shield (BCBS)

- BCBS submitted a DWC-26 to Texas Mutual on October 18, 2021.
- BCBS claims a payment in the amount of \$664.41 was issued to the requestor on June 1, 2021, per the BCBS statement/reimbursement request summary to Texas Mutual.
- Texas Mutual reimbursed BCBS \$474.75 on Date of Audit November 19, 2021.

Healthcare provider / Requestor

- Disputed date of service May 25, 2021
- BCBS issues a payment in the amount of \$664.41 to the requestor on June 1, 2021, per the EOB provided by respondent.
- HCP submits a copy of a medical bill (UB-04) with a "creation date" March 16, 2022.
- Texas Mutual audits and denies requestors medical bill on February 9, 2022 (per EOB provided by requestor)
- The DWC finds no medical bill was submitted to support that the medical services were billed to Texas Mutual prior to the date that BCBS requested reimbursement from Texas Mutual.

2. The DWC finds that the requestor submitted insufficient documentation to support that the medical bills were submitted to Texas Mutual prior to the date that BCBS requested reimbursement from Texas Mutual.

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 May 25, 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 requestor 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

Signature

Medical Fee Dispute Resolution Officer

August 5, 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.