

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

HILL REGIONAL HOSPITAL

Respondent Name

EAST TX EDUCATIONAL INS ASSN

MFDR Tracking Number

M4-22-1980-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 01, 2021	Hospital Outpatient	\$5,660.80	\$0.00
	Total	\$5,660.80	\$0.00

Requestor's Position

"We are requesting a Medical Fee Dispute Resolution for this bill. Our bill denied for timely filing in error. No work comp insurance information was provided. The patient was initially billed on 4/13/21. On 2/2/22 the work comp insurance was loaded to the account. On 2/7/22 the bill and records were faxed to CAS and denied for timely filing."

Amount in Dispute: \$5,660.80

Respondent's Position

"It is our position Hill Regional Hospital was notified on 3/30/2021 that Claims Administrative Services was the carrier of record and due to the bill not filed timely, our denial for timely filing would be correct."

Response Submitted by: Claims Administrative Services Inc

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:

- 219 – The time limit for filing has expired
- 719 – Per Rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service
- 18 – Exact duplicate claim/service
- 224 – Duplicate charge
- 29 – The time limit for filing has expired
- 307 – Per 133.250, a reconsideration shall not be submitted later than 11 (<07/01/12) or 10 (>07/01/12) months from the date of service
- 350 – Bill has been identified as a request for reconsideration or appeal
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

Issues

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

Findings

The requestor is seeking \$5,660.80 for Hospital Outpatient Services rendered April 01, 2021. The insurance carrier denied disputed service based on timely filing deadline not met.

28 TAC §133.20(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. In accordance with subsection (c) of the statute, 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. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original

medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation."

The requestor in their position statement state "Public Health Emergency: In January 2020 a Public Health Emergency was declared by Alex Azar, United States Secretary of Health and Human Services to address the imminent danger faced with the COVID-19 pandemic. This declaration gave way to issue the Emergency Use Authorization that authorized waivers and modification under Section 1135 of the Social Security Act (the Act) retroactive to March 1, 2020. The DWC Commissioner issued Bulletin #B-0004-21 on January 29, 2021, that states in pertinent part "the tolling of medical billing deadlines will be lifted effective March 1, 2021." The dates of service in review are April 1, 2021, after the resumption of the 95-day filing deadline. The requestor's statement is not supported.

No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. 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. 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 reimbursement for the disputed services.

Authorized Signature

[Redacted Signature]

Signature

[Redacted Signature]

Medical Fee Dispute Resolution Officer

May 24, 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.