

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

 North Central Baptist
Medical Center

Respondent Name

TX Public School WC Project

MFDR Tracking Number

M4-22-2074-01

Carrier's Austin Representative

Box Number 1

DWC Date Received

May 20, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2021	250	3946.00	\$0.00
May 25, 2021	278	3173.00	\$0.00
May 25, 2021	300	1939.00	\$0.00
May 25, 2021	360	68480.00	\$0.00
May 25, 2021	370	11889.00	\$0.00
May 25, 2021	710	8347.00	\$0.00
May 25, 2021	730	812.00	\$0.00
May 25, 2021	Payments	0.00	\$0.00
May 25, 2021	WC Adjustments	-87203.34	\$0.00
Total		\$11382.66	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed Creative Risk Funding, but the bill was denied for timely filing. The Hospital requested Creative Risk Funding review denial and issue payment based on extenuating circumstances as the Hospital was provided BCBS information."

Amount in Dispute: \$11382.66

Respondent's Position

CRF contends that Hospital was in possession of essential information it needed to timely submit its bills to CRF in this workers' compensation claim."

Response Submitted by: Creative Risk Funding

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 §134.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

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

- 193 – Original payment decision is being maintained, it was determined that this claim was processed properly
- 29 – The time limit for filing has expired
- W3 – Reconsideration/Appeal

Issues

1. Is the respondent's position supported?

Findings

1. The requestor is seeking reimbursement for an outpatient hospital procedure rendered in May 2021. The insurance carrier denied based on untimely submission of the medical bill. The requestor states they were given the injured worker's commercial insurance information. The respondent states, "CRF contends that Hospital was in possession of essential information it needed to timely submit its bill in this workers' compensation claim."

DWC Rule 28 TAC §134.20 (b) states 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.

Review of the submitted documentation found the injured worker provided the workers' compensation information upon admission for the outpatient procedure.

Based on this review, no exception to the timely submission of the claim is found.

The respondent's position is supported. 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 20, 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.