

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Scott & White  
Emergency

**Respondent Name**

Executive Risk Indemnity

**MFDR Tracking Number**

M4-22-2222-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

June 13, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2021	250 - Pharmacy	\$4.00	\$0.00
August 14, 2021	73140 RT	\$80.90	\$0.00
August 14, 2021	99283	\$231.60	\$0.00
<b>Total</b>		\$316.50	\$0.00

### Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "The following claim information was provided by our claims clearinghouse showing that the original claim submission date was prior to your timely filing deadline."

**Amount in Dispute:** \$316.50

### Respondent's Position

"CorVel maintains the requestor, Baylor Scott & White Emergency is not entitled to reimbursement for date(s) of service 08/14/21 in the amount of \$316.50 based on failure to timely submit a complete medical bill in accordance with health care provider billing rules set forth under 28 TAC Chapter 133 General Medical Provisions. In addition to failure to provide proof of timely filing in accordance with division rules."

## **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. 28 TAC §102.4 sets out requirements of non-division communications.
4. 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:

- 29 – Time Limit for Filing Claim/Bill has Expired

### Issues

1. Did the requestor support timely submission of medical claim?

### Findings

1. The requestor is seeking \$316.50 for emergency room services rendered in August of 2021. The insurance carrier denied the claim based on untimely submission of claim.  
DWC Rule 28 TAC §133.20 (b) states in pertinent part, 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, 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 patient chart notes indicating they were notified on October 15, 2021, of the workers' compensation carrier and submitted the claim through EDI to CHUBB Ins on October 19, 2021.

DWC Rule §102.4 (h) states in pertinent part, (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

The notes indicate the claim was submitted but, no documentation (EDI transmission/ acceptance reports, or fax confirmation) that meets the requirements of non-division communication was found in the documents submitted to MFDR. 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 requestor 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

\_\_\_\_\_  
July 13, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).