

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Texas Vista Medical Center

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-23-0229-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

September 26, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 18, 2022	Outpatient Procedure	\$2,564.55	\$0.00
<b>Total</b>		\$2,564.55	\$0.00

### Requestor's Position

"We have been unable to obtain any EOBs from State Office of Risk Management regarding this bill. Jopari's electronic acceptance proof is attached."

**Amount in Dispute:** \$2,564.55

### Respondent's Position

"Upon completing a review of the dispute packet submitted by the requestor Texas Vista Hospital, the Office has determined the medical bill for the date of service and charges in dispute has not been received by the Office."

**Response Submitted by:** State Office of Risk Management

### 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

Neither party submitted evidence that the medical bill in dispute was adjudicated.

## Issues

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

## Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in February 2022. The insurance carrier states the medical bill was never received.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(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.

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 requestor submitted a report generated by Jopari Solutions Inc. dated August 23, 2022. This report indicates on March 1, 2022, a claim was "accepted and forwarded to another clearinghouse." Insufficient evidence was found to support this other clearinghouse was SORM or that SORM accepted the claim.

Insufficient evidence was found to support the timely submission of the claim, or an exception described above applies. 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**

_____	_____	October 26, 2022
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](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).