



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Providence Memorial Hospital

**Respondent Name**

University of Texas System

**MFDR Tracking Number**

Mr-23-1202-01

**Carrier's Austin Representative**

Box Number 46

**DWC Date Received**

January 19, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 7 – 11, 2022	011	\$4044.00	\$0.00
	0250	10178.00	\$0.00
	0278	138973.00	\$0.00
	0300	6437.00	\$0.00
	0320	383.00	\$0.00
	0360	62389.00	\$0.00
	0370	8690.00	\$0.00
	0420	274.00	\$0.00
	0424	1128.00	\$0.00
	0430	2893.00	\$0.00
March 7 – 11, 2022	0460	253.00	\$0.00
	0710	4904.00	\$0.00
	WC Adjustments	-210657.63	\$0.00
	<b>Total</b>	<b>\$30,248.47</b>	<b>\$0.00</b>

### 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 CCMSI, but the bill was denied. The Hospital requested CCMSI review underpayment and issue payment. However, despite the Hospital's efforts and Request for Reconsideration, CCMSI has

not issued payment.”

**Amount in Dispute:** \$30,248.47

### **Respondent's Position**

“The University of Texas System properly denied payment because Requestor failed to submit a bill within 95 days. Requestor does not provide any evidence that it timely submitted a bill or that it meets the criteria for an exception in section 408.0272. Accordingly, the Division should find that Requestor forfeited its right to payment.”

**Response Submitted by:** Stone Loughlin Swanson

### **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 Texas Administrative Code §102.4 sets out general rules for non-division communications.
3. 28 TAC §134.20 sets out requirements of medical bill submission.
4. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.

#### Denial Reasons

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

- 29 – The time limit for filing has expired
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly

#### Issues

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

#### Findings

1. The requestor is seeking reimbursement of inpatient hospital services rendered in March 2022. The insurance carrier denied the claim stating the medical bill was not received within 95 days. The rule applicable to time limit for filing medical bills is DWC Rule 28 TAC §133.20 (b) which 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.

DWC Rule 102.4 (h) (1) states, Unless the great weight of evidence indicates otherwise, written communications will be deemed to have 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.

Review of the submitted documentation found insufficient evidence to support when the claim was submitted or that an exception to the timely filing of ninety-five days exists. 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

\_\_\_\_\_  
March 15, 2023  
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).