



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MHHS HERMAN HOSPITAL

**Respondent Name**

FORT BEND COUNTY

**MFDR Tracking Number**

M4-23-1496-01

**Carrier's Austin Representative**

Box Number 29

**DWC Date Received**

February 22, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 30, 2022 through June 4, 2022	Inpatient Facility Charges	\$0.00	\$0.00
	Interest	\$386.59	386.59
<b>Total</b>		\$386.59	386.59

### Requestor's Position

"The bill was denied by the carrier for timely filing. However, per Texas Administrative Code Rule §133.20, we billed the correct carrier within 95 days of being provided the new TPA information for this claimant."

**Interest Amount in Dispute:** \$386.59

### Requestor's Supplemental Position

"We received the main payment but not the interest payment for this account."

### Respondent's Position

"...Fort Bend County had the bill audited for payment March 7, 2023, based on Fee guidelines, and paid accordingly, with interest. The initial bill was denied for timely filing due to no records sent which was a proper denial."

**Response Submitted by:** Dean G. Pappas, PLLC

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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 health care providers to pursue a medical fee dispute.
2. 28 TAC §134.130 sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
3. TLC §413.019 sets out the procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
4. TLC §401.023 sets out the procedures for computation of Interest or Discount Rate.

### Denial Reasons

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

- W3 - BILL IS A RECONSIDERATION OR APPEAL.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 4896 - PAYMENT MADE PER MEDICARE'S IPSS METHODOLOGY, WITH THE APPLICABLE STATE MARKUP.
- 5056 - BASED ON THE RECEIPT OF ADDITIONAL INFORMATION AND/OR CLARIFICATION, WE ARE RECOMMENDING FURTHER PAYMENT BE MADE FOR THE ABOVE NOTED PROCEDURE CODE (S)

### Issues

1. Did the insurance carrier issue payment for the disputed charges?
2. What is the date the insurance carrier received the medical bill?
3. What is the interest due per 28 TAC §134.130?
4. Is the requestor entitled to additional reimbursement?

### Findings

1. The requestor billed an amount of \$220,154.00 for inpatient facility charges rendered on May 30, 2022. The Requestor seeks reimbursement for the interest, which was not reimbursed by the insurance carrier. A review of the submitted documentation supports the claim that the insurance carrier issued payments totaling \$38,664.87. The requestor, in correspondence to the Division, confirmed receipt of the payment for the disputed services; however, HHS Memorial seeks payment for the interest not reimbursed by the insurance carrier.
2. The requestor alleges that interest is due for the service in dispute. Pursuant to 28 TAC §134.130(a) "Insurance carriers shall pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill, in accordance with §133.240 of this title (relating to Medical Payment and Denials).

An examination of the explanation of benefits (EOBs) reveals that the medical bill was received by the insurance carrier on November 23, 2022. The Division finds that the date the carrier first received the entire medical bill was November 23, 2022. According to the Division, the requestor is entitled to payment for the interest, which is calculated in accordance with 28 TAC 134.130(c) & (d).

3. 28 TAC §134.130(c) states, "The rate of interest to be paid shall be the rate calculated in accordance with Labor Code §401.023 and in effect on the date the payment was made."

28 TAC §134.130 "(d) Interest shall be calculated as follows: (1) multiply the rate of interest by the amount on which interest is due (to determine the annual amount of interest); (2) divide the annual amount of interest by 365 (to determine the daily interest amount); then (3) multiply the daily interest amount by the number of days of interest to which the recipient is entitled under subsection (a) or (b) of this section.

28 TAC §134.130 "(e) The percentage of interest for each quarter may be obtained by accessing the Texas Department of Insurance's website, [www.tdi.state.tx.us](http://www.tdi.state.tx.us)." The Division finds that the percentage rate for this quarter is 8.11%.

4. The DWC finds that the request received date is November 23, 2022. The insurance carrier paid the requestor on March 7, 2023. The number of days for interest owed is 45 days. The medical benefit amount is \$38,664.67. The interest rate for this quarter is 8.11%. Therefore, in accordance with 28 TAC §134.130, the amount due for interest is \$386.59. As a result, the requestor is due an additional payment in the amount of \$386.59.

### 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.

The DWC finds the requester has established that reimbursement of \$386.59 is due.

### **Order**

Under TLC §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$386.59 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 17, 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).