



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

HILL REGIONAL HOSPITAL

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-23-1790-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 6, 2022	Hospital Outpatient	\$891.66	\$0.00
Total		\$891.66	\$0.00

Requestor's Position

"We are appealing the denial on this bill. The bill denied for timely filling in error. The patient presented in the ER with no insurance. The patient was billed on 6/6/22. On 1/12/23, we received a request from our collection agency to bill work comp. Work comp was billed on 1/16/23. Please reprocess and pay."

Amount in Dispute: \$891.66

Respondent's Position

"Texas Mutual on 1/18/2023 received the bill from Hill Regional Hospital and a letter requesting records was sent to the hospital on 6/9/22 (Attachment) and records were received on 6/9/22 (Attachment)."

Response Submitted by: Texas Mutual Workers Compensation Insurance

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- CAC-29 – The time limit for filing has expired
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-193 Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- CAC-29 – The time limit for filing has expired
- DC4 – No additional reimbursement allowed after reconsideration. For information Call (888) 532-5246
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

The requestor is seeking \$891.66 for Hospital Outpatient service rendered June 6, 2022. The insurance carrier denied disputed service based on timely filing deadline not meet [see denial reasons listed above].

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

Review of the submitted documentation provided by the requestor finds:

- Medical bill dated January 16, 2023
- Explanation of benefits date of audit February 2, 2023 and March 2, 2023

No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed

services were provided.

Conclusion

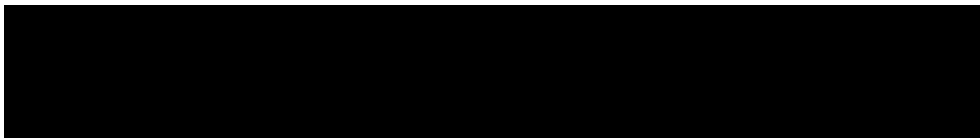
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature



April 14, 2023

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. 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.