

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Resolute Health System

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-1860-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

March 30, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 24, 2022	0450	5094.00	\$0.00
April 25, 2022	0250	20.00	\$0.00
	0300	5019.00	\$0.00
	0320	1279.00	\$0.00
	0350	5510.00	\$0.00
	0480	6319.00	\$0.00
	0636	132.00	\$0.00
	0730	758.00	\$0.00
	0762	7882.00	\$0.00
	0250	33.00	\$0.00
	0300	1369.00	\$0.00
	0420	247.00	\$0.00
	0424	560.00	\$0.00
	0636	60.00	\$0.00
WC Adjustments		-\$30064.47	\$0.00
	Total	\$4337.53	\$0.00

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 SORM, but the bill was denied. The Hospital requested SORM to review this denial and issue payment. However, despite the Hospital's efforts and Request for Reconsideration, SORM has not issued payment."

Amount in Dispute: \$4337.53

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Resolute Health System the Office researched the bill submission of date of service 4/24/2022-4/26/2022 and found a bill was received on 5/23/2022 where it was returned to the provider as the attending physician's information was not complete in Box 76 as it was missing the medical license number.

Further research revealed that a complete medical bill was received on 8/26/2022 where an audit was performed and a denial was issued on 9/2/2022 for 29-Time limit for filing has expired as the bill was received on the 122nd day from the date of service.

...On 2/27/2023 a request for reconsideration was received where it was determined to be incomplete as the attending physician's license number was missing from Box 76 and was returned to the provider on 2/27/2023."

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

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 for outpatient hospital services rendered in April of 2022. The insurance carrier denied the claim for untimely submission. 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 insufficient evidence to support an exception as described above exists or that the medical bill was submitted within ninety-five days from date of service. 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

Date

May 2, 2023

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.