



## Medical Fee Dispute Resolution Finding and Decision

### General Information

**Requestor Name**

Nacogdoches Med Center  
Hospital

**Respondent Name**

National American Insurance Co

**MFDR Tracking Number**

M4-23-2730-01

**Carrier's Austin Representative**

Box Number 1

**DWC Date Received**

June 16, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Findings
October 5, 2022	ER Services	\$3,203.04	\$0.00

### Requestor's Position

The requestor did not a position statement but did submit a copy of their reconsideration that states. "Please allows this letter to serve as a formal reconsideration. The above referenced claim was denied for untimely filing. Every effort is made at the time of service to obtain complete and accurate insurance information from your member in order to submit the claim in a timely manner and collect payment for services provided. Occasionally circumstances beyond the control of our organization occur. Please note, we did not receive accurate insurance information at the time of service from your member. We did not obtain your information until 02.14.2023, at which time our claim was submitted for payment."

**Amount in Dispute:** \$3,203.04

## Respondent's Position

It is the Respondent's belief that the Requestor did not submit documentation to support proof of timely filing. The Requestor indicates they were unaware the claim was a WC claim until February 14, 2023. However, the Requestor has not submitted proof of that statement. ...The Requestor offered no valid proof as described in Sec 408.0272... for the original bill, nor the request for reconsideration.

**Response Submitted by:** Corvel

## Findings and Decision

### Authority

This medical fee dispute is dismissed pursuant to 28 Texas Administrative Code §133.307 (f)(3) 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 §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 denied the payment for the disputed services with the following claim adjustment codes:

- 234 – Procedure is not paid separately
- 29 – Time limit for filing claim/bill has expired
- RN – Not paid under OPPS: services included in APC rate
- 25 – Separate E&M Service, Same Physician
- RM2 – Time limit for filing claim has expired
- TC – Technical Component

### Issues

1. Does an exception to timely filing apply to the disputed services?

## Findings

1. The requestor is seeking outpatient hospital services rendered in October 2022. Review of the submitted documentation found the following timeline.
  - Explanation of review from Corvel dated March 2, 2023 denied the claim for timely filing.
  - Claim copy shows submission to Corvel, March 28, 2023.
  - BlueCross of BlueShield of Texas sent a letter to the requestor indicating this was a workers' compensation claim on May 16, 2023.
  - Corvel's explanation of benefits dated May 20, 2023 under "Bill Comments" state RECONSIDERATION. This reconsideration explanation of benefits maintained the denial for timely filing.

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 while the BlueCross BlueShield of Texas letter does notify the requestor of the Worker's compensation coverage, this letter is dated May 16, 2023. This notification is after Corvel has processed the original bill on March 1, 2023 and received the request for reconsideration of May 12, 2023.

Review of the submitted documentation indicates a claim was processed on March 1, 2023 prior to the supported proof of notification. Insufficient evidence was found to support any exception as described above.

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 requester has not established that reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

_____	_____	July 31, 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](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).