



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Resolute Health System

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-23-2957-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 30, 2022	0250	\$0.00	\$0.00
July 30, 2022	Q9967	\$0.00	\$0.00
July 30, 2022	80053	\$0.00	\$0.00
July 30, 2022	85027	\$0.00	\$0.00
July 30, 2022	85610	\$0.00	\$0.00
July 30, 2022	85730	\$0.00	\$0.00
July 30, 2022	86850	\$0.00	\$0.00
July 30, 2022	86900	\$0.00	\$0.00
July 30, 2022	86901	\$0.00	\$0.00
July 30, 2022	70450	\$789.06	\$0.00
July 30, 2022	71260	\$0.00	\$0.00
July 30, 2022	72125	\$0.00	\$0.00
July 30, 2022	74177	\$0.00	\$0.00
July 30, 2022	99284-25	\$659.40	\$0.00
July 30, 2022	90715	\$0.00	\$0.00
July 30, 2022	90471-XU	\$0.00	\$0.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>

### Requestor's Position

"Occasionally circumstances beyond the control of our organization occur and in this case,

updated insurance was received 10/5/22 and claim was sent to TEXAS MUTUAL on 10/17/22. In 2.8/23, our office was told that no claim was on file. A claim was resent to TEXAS MUTUAL on 2/22/23."

**Amount in Dispute:** \$1448.46

### **Respondent's Position**

"Texas Mutual has reviewed the DWC-60 submitted by RESOLUTE HEALTH SYSTEM for date of service 7/30/22. A request for medical records was sent to Resolute Health System which includes claim identifiable information for the claimant and the carrier information... Texas Mutual did receive some hospital records on 8/23/2022 and 1/3/23 but the UB-04 was not with either of these submissions. The first receipt of the UB-04 was on 2/28/23. Rule 133.20(b) states, "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 95<sup>th</sup> day after the date the services are provided. ...Our position is that no payment is due."

**Response Submitted by:** Texas Mutual

### **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 §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 disputed services with the following claim adjustment codes.

- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 – The time limit for filing has expired.

- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service.

## Issues

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

## Findings

1. The requestor is seeking reimbursement for emergency room services rendered July 2022. The insurance carrier states a claim was not received. The following two rules apply to receipt of medical bills.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been 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.

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 information to support an exception to the timely filing requirement.

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 additional reimbursement is due.

**Order**

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

**Authorized Signature**

		August 18, 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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).