



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Coon Memorial Hospital
Home

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-3307-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

August 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 1, 2023	Emergency Room Services	\$1601.00	\$0.00
March 1, 2023	ER Physician Fee	\$470.00	\$0.00
Total		\$2071.00	\$0.00

Requestor's Position

"...On 5/23/2023, I faxed the corrected billing records along with the medical records to SORM. On 6/30/23, I received an email from SORM stating that they updated their process of submitting a request for reconsideration. In order for us to send the reconsideration, we have to have a copy of the original EOB/EOR & now SORM is wanting to charge medical providers for the copy of the EOB/EOR. How can an Insurance Carrier charge the hospital for the EOB/EOR if we need to do a reconsideration & didn't get an EOB/EOR to begin with? As of 8/17/2023, Coon Memorial Hospital has not received anything from SORM on the claim that was corrected & rebilled."

Amount in Dispute: \$2,071.00

Respondent's Position

"Being that there are two different bill types in this dispute, we will begin with the Facility charges

as billed on the UB-04. The Office found that the initial audit was received on 3/13/2023 and was returned to the provider as Box 76 and 77 of the UB04 were incomplete and did not include the attending physician's medical license number as prescribed in 28 TAC §133.10. The Office received a corrected UB04 on 5/23/23 where the Office identified this bill contained an invalid medical license number in Box 76. The Office has not received a complete UB-04 as prescribed in 28 TAC §133.10 to process an audit (Exhibit A). The return to provider packets including the letter was mailed to PO Box 2014 Dalhart, TX 79022-6014.

Further review of the professional charges as bill on the CMS1500, the Office found that a medical bill was received on 3/13/2023 and returned to the provider for being incomplete as Box 24J and Box 17A did not include the Texas Medical license number and NPI number as prescribed in 28 TAC §133,10. The office received a corrected claim on 5/23/2023 where the office identified in Box 17A did not include the referring provider's Texas Medical license number and did not include the medical license number in Box 24J (Exhibit B). The return to provider packets including the letter was mailed to PO Box 2014 Dalhart, TX 79022-6014."

Response submitted by: SORM

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.10](#) sets out the required billing forms and formats of workers' compensation medical bills.

Denial Reasons

Neither party submitted an explanation of benefits.

Issues

1. Did the requestor support submission of emergency room claim in accordance with DWC Rules?
2. Did the requestor support submission of the professional medical claim in accordance with DWC Rules?

Findings

1. The requestor is seeking payment of emergency room services rendered on March 1, 2023.

The requestor states the claims were never processed. The respondent submitted the following regarding the receipt and return of the claims for the emergency room services.

- March 13, 2023 the medical bill was returned as File 76 was blank. DWC Rule 133.10(F)(2)(OO) required the NPI and medical license number of the rendering provider.
- May 23, 2023 the medical bill contained an invalid medical license number in box 76.
- June 2, 2023 the medical bill was returned as the NPI, and medical license number was left blank in box 76.

Review of the emergency room medical bill with creation date of May 20, 2023 found NPI number 1871956037 associated with Dr. Eugene Stone. However, the correct medical license was not found.

DWC Rule TAC §133.10 (f) states in pertinent part, all information submitted on required paper billing forms must be legible and completed in accordance with this section.

DWC Rule TAC §133.10 (f)(2)(OO) states, attending provider's name and identifiers (UB-04/filed 76) are required for any services other than nonscheduled transportation services, the billing provider shall report the NPI number for an attending provider eligible for an NPI and the state license number by entering the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

The submitted medical bill did not contain the required elements. The return of the medical bill as incomplete is supported. No payment is recommended.

2. The requestor is seeking payment of professional medical services rendered on March 1, 2023. The requestor states the claims were never processed. The respondent submitted the following regarding the receipt and return of the claims for the emergency room services.
 - March 13, 2023 the medical bill was returned as required fields 17A and box 24J are required elements whose fields were left blank.
 - A corrected claim was acknowledged by the carrier on May 23, 2023 but the required elements in Box 17A and 24J were still blank.

Review of the submitted medical bill dated May 20, 2023 found box 17a was blank.

DWC Rule 28 TAC §133.10 (f)(1)(K) states that referring provider's state license number (CMS-1500/filed 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX');

The submitted medical record did not indicate a referring provider. Box 17 was left blank. This rejection is not supported.

DWC Rule 28 TAC §133.10 (f)(1)(U) states rendering provider's state license number (CMS-

1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX');

Review of the submitted medical bill found the billing provider listed in box 33 is Coon Memorial Hospital. The shaded portion of 24J was required but left blank. The return of the claim based on incomplete bill is supported. 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

Signature

Medical Fee Dispute Resolution Officer

October 6, 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. 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 electronico CompConnection@tdi.texas.gov.

