



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hunt Regional Medical Center

Respondent Name

Texas Public School WC Project School Co

MFDR Tracking Number

M4-23-3327-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

August 29, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2022	250	\$0.00	\$0.00
August 29, 2022	73610	\$160.78	\$0.00
August 29, 2022	73630	\$160.78	\$0.00
August 29, 2022	99284	\$723.06	\$0.00
Total		\$1,044.62	\$0.00

Requestor's Position

"Enclosed is the proof of initial timely filing (attached as *Exhibit A*) that demonstrates Hunt billed the coverage with the best information available on September 03, 2022. Hunt did not obtain the correct billing information for Workers Compensation administrator Creative Risk until December 16, 2022. The employer nor Patient contacted Hunt to provide the correct billing information... ..Hunt updated and submitted the claim via facsimile on December 20, 2022. The initial claim dated and mailed on September 03, provides the supporting documentation requested by Creative Risk which justify the initial timely filing of the claim. Enclosed are the medical records (attached as *Exhibit F*) that demonstrate the supporting documentation for treatment. We ask that you review the enclosed documents and have Creative Risk overturn the denial releasing payment to Hunt in accordance with Texas Workers Compensation requirements."

Amount in Dispute: \$1,044.62

Respondent's Position

"...In short, the evidence in this claim supports the determination that HRMC knew or should have known at the time it treated (claimant) at its facility that any billing associated with the services performed on August 29, 2022 would need to be directed to CRF for payment. Thus, HRMC's bill received by CRF on December 20, 2022 was not timely filed in accordance with Texas Administrative Code Ann. §133.20(b)."

Response Submitted by: Creative Risk Funding

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.

- 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.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- W3 – Reconsideration/appeal

Issues

1. Is the requestor's position supported?
2. Did the requestor support timely submission of medical claim?

Findings

1. The requestor states, "...Hunt billed the coverage with the best information available on September 03, 2022. Review of the submitted documentation found the "Workers' Comp Questionnaire" completed on August 29, 2022 and the "Emergency Room Clinical Report with Discharge" indicates this is a worker's compensation claim. The questionnaire indicates "Creative Risk" and the adjusters name. The requestor's position is not supported,
2. The requestor is seeking reimbursement for outpatient hospital services rendered in August of 2022. The insurance carrier denied 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 the explanation of benefits from the claimant's group health insurance (BC/BS) notifying the health care provider of workers comp is dated September 6, 2022. The claim was received by Creative Risk Funding on December 20, 2022. This date is greater than 95 days from the BCBS notification. The insurance carrier's denial 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 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

_____	_____	October 6, 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.