



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Hunt Regional Medical Center

Respondent Name

National Fire Insurance Co of Hartford

MFDR Tracking Number

M4-24-0150-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

September 18, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2022	250	\$0.00	\$0.00
September 21, 2022	36415	\$0.00	\$0.00
September 21, 2022	80047	\$0.00	\$0.00
September 21, 2022	80048	\$0.00	\$0.00
September 21, 2022	80053	\$0.00	\$0.00
September 21, 2022	80307	\$0.00	\$0.00
September 21, 2022	81001	\$0.00	\$0.00
September 21, 2022	82550	\$0.00	\$0.00
September 21, 2022	84484	\$0.00	\$0.00
September 21, 2022	85025	\$0.00	\$0.00
September 21, 2022	G0480	\$0.00	\$0.00
September 21, 2022	86850	\$0.00	\$0.00
September 21, 2022	86900	\$224.13	\$0.00
September 21, 2022	86901	\$67.28	\$0.00
September 21, 2022	71045	\$160.78	\$0.00
September 21, 2022	70450	\$216.40	\$0.00
September 21, 2022	71250	\$216.40	\$0.00
September 21, 2022	72125	\$216.40	\$0.00
September 21, 2022	74176	\$457.37	\$0.00
September 21, 2022	99285	\$1,037.87	\$0.00
September 21, 2022	93005	\$110.64	\$0.00
Total		\$2,707.28	\$0.00

Requestor's Position

"Enclosed is the reconsideration submitted to C.N.A containing the medical records (attached as *Exhibit P*) that demonstrates the supporting treatment due to Patient's (redacted) that occurred at (employer). According to the employer the Patient did not report the injury however, according to the workers compensation form file[sic] out by the Patient he confirmed it was a workers compensation injury and was reported to Sam at (employer). In addition, there is proof Acretis was in communication directly with Patient's employer who failed to report the injury and file the claim timely since Acretis provided all information to file the claim."

Amount in Dispute: \$2,707.28

Respondent's Position

"The first notice of claim to Carrier was the result of Carrier receipt of an invoice submitted to the Carrier on Tuesday, December 20, 2023 [sic]. There was no medical records attached to this email or invoice. A second invoice, without any attached medical records, was received by Carrier on February 10, 2023. See MDR Ex B. first invoice and medical records that carrier received from Requestor were not received until 01/09/2023. As such, the Carrier is relieved from liability as the billing was not submitted timely. Carrier has paid \$0.00 for these dates of service upon filing of this medical dispute. Carrier continues to contend non-entitlement due to compensability / liability."

Response Submitted by: Law Office of Brian J. Judis

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 §124.2](#) sets out Insurance Carrier Notification Requirements.
3. [28 TAC §134.20](#) sets out requirements of medical bill submission.
4. [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.
- 4271 – Per TX Labor Code Sec. 408.027, Providers must submit bills to payors within 95 days of the date of service.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Did the insurance carrier deny for compensability/liability?
2. Did the requestor support timely submission of medical claim to the correct workers' compensation carrier?

Findings

1. The respondent included in their position statement, "Carrier continues to contend non-entitlement due to compensability / liability." DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

Review of the submitted documentation submitted by the requestor found the insurance carrier notified the injured worker on January 23, 2023 they were denying his worker's compensation claim to due compensability.

DWC Rule 28 TAC 133.307 (F) states, The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.

The submitted explanation of benefits did not contain a denial for extent/compensability. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor is seeking reimbursement for outpatient hospital services rendered in September of 2022. The insurance carrier states on the submitted explanation of benefits a claim was received by them on February 10, 2023.

The requestor states in their position statement, "Enclosed are the medical records (attached as Exhibit P) that demonstrate the supporting treatment due to Patient's (redacted) at work. In addition, there is proof Acretis was in communication directly with Patient's employer who failed to report the injury and file the claim timely since Acretis provided all information to file the claim. We ask that this claim be reviewed, and payment be released to Hunt in accordance with Texas Workers Compensation requirements."

The following two rules apply to receipt of medical bills.

DWC Rule 28 TAC §102.4 (h) states "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."

Review of the submitted documentation found numerous contacts to the employer. However, insufficient evidence found to support the requestor submitted the medical bill to the correct workers' compensation carrier (CNA) within the required 95 days from the date of service.

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 in sufficient information to support an exception to the timely submission of claim 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 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

		November 8, 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 electronico CompConnection@tdi.texas.gov.