



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Hospital System

**Respondent Name**

Pennsylvania Manufacturers Association

**MFDR Tracking Number**

M4-24-1131-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 16, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 29, 2023 through April 8, 2023	INPATIENT REHAB	\$37,595.00	\$0.00
<b>Total</b>		\$37,595.00	\$0.00

### Requestor's Position

"This is a bill for services provided by Memorial Hermann Hospital for a workers comp injury for the above named patient. As of right now, the carrier has not processed the reconsideration for payment in a timely manner. Please see the attached medical fee dispute and require the carrier to process and pay per Texas fee schedule plus interest."

**Amount in Dispute:** \$37,595.00

### Respondent's Position

"The provider's medical bill should have been accompanied by medical records sufficient to support the services provided. This would include an operative report, a copy of progress notes and or subjective/objective assessment plan/procedure notes to substantiate the carrier given and to indicate the progress and improvement. ...The carrier's EOBs denied the services on the basis of lack of sufficient documentation. The provider is not entitled to any reimbursement."

**Response submitted by:** Flahive, Ogden & Latson

## 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 §133.210](#) defines medical documentation and what must be included with medical bills.

### Denial Reasons

- 16 – Claim/service lacks information or has submission/billing error(s).

### Issues

1. Is the insurance carrier's denial supported?

### Findings

1. The requestor is seeking reimbursement of inpatient rehabilitation services rendered from March 29, 2023 to April 8, 2023. The insurance carrier denied the claim based on missing/lack of information.

DWC Rule 28 TAC §133.210 (a) states, Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.

DWC Rule 28 TAC §133.210 (b) (c) (4) (5) states in pertinent parts, When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form... In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation.

(4) Any supporting documentation for procedures which do not have an established Division maximum allowable reimbursement (MAR), to include an exact description of the health care provided; and

(5) for hospital services: an itemized statement.

Review of the submitted documentation included with the request for MFDR included.

- Document titled "Claim"
- Discharge Summary
- History & Physical

Inpatient rehabilitation services do not have an established MAR. Insufficient documentation was found to give the exact description of the health care provided or an itemized statement. 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**

_____	_____	February 26, 2024
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).