



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Healthcare Subrogation Group

Respondent Name

Security National Insurance Company

MFDR Tracking Number

M4-23-3126-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 30, 2022	71045, 80048, 82250, 84484, 85025, and 99283-25	\$2,674.00	\$0.00
Total		\$2,674.00	\$0.00

Requestor's Position

"Subclaimant included all of the requisite information in the reimbursement request as required by Texas Labor Code §409.0091(f) and is not required to support its request with original provider bills it is not even in possession of. Carrier cannot deny payment by stating that Subclaimant would need to resubmit the reimbursement request with HCFA/UB forms when Subclaimant used the form prescribed by the Division (i.e., DWC 026) and included all of the requisite information. Thus, Carrier's denial of the reimbursement request is invalid and without merit."

Requestor's Supplemental Position

"a request for Medical Fee Dispute Resolution must be filed not later than the 120th day after a workers' compensation carrier fails to respond to, or reduces or denies, a reimbursement request... 28 TAC §133.307(c)'s one-year deadline for filing a request for Medical Fee Dispute Resolution is inapplicable to requests made under Texas Labor Code §409.0091. Rather, requests for Medical Fee Dispute Resolution made under Texas Labor Code §409.0091 must be filed within

120 days of a workers' compensation carrier's failure to respond to, or denial of, a reimbursement request in order to be timely. Therefore, Carrier cannot rely on the one-year deadline of 28 TAC §133.307(c) to allege Subclaimant's request was untimely when 28 TAC §140.8(h)(3)(E) expressly provides that this deadline is inapplicable and does not preclude a request for Medical Fee Dispute Resolution made under Texas Labor Code §409.0091 from being filed after the inapplicable one-year deadline."

Amount in Dispute: \$2,674.00

Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 8/09/2023 as evidenced by the date stamp on the DWC-60. The date of service in dispute is 7/30/2022. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service."

Submitted by: Downs Stanford, P.C.

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. The provisions of Texas Labor Code (TLC) §[409.0091](#) apply to dispute resolution.
2. TLC §409.0091(s) applies to health care insurer when information is provided before January 1, 2007, pursuant to TLC §402.084(c-3).
3. 28 Texas Administrative Code (TAC) §[140.8](#) and 28 TAC §[133.307](#) set out the procedures for health insurers to pursue medical fee dispute resolution.

Denial Reasons

Copies of the EOBs were not provided by either of the parties for consideration in this review.

Issues

1. Did the Requestor file for dispute resolution in accordance with TLC §409.0091 and Texas Administrative Code (TAC) §140.8?
2. Did the Subclaimant file for reimbursement from the workers' compensation insurance carrier in accordance with TLC §409.0091(k)(1) and corresponding 28 TAC §140.8 (h)(3)(A)(i)?
3. Did the Subclaimant submit sufficient documentation to support that the requirements of 28 TAC §140.8 were met?
4. Is the Subclaimant entitled to reimbursement for the disputed services?

Findings

1. The healthcare insurer (subclaimant) seeks recovery from the Texas workers' compensation insurance carrier, for medical services rendered to a Texas workers compensation claimant on July 30, 2022. The Subclaimant seeks recovery in the amount of \$2,674.00 pursuant to §409.0091.

TLC §409.0091 effective September 1, 2007, was added by Acts 2007, 80th Leg., R.S., Ch. 1007 (H.B. 724), Sec. 8. The Subclaimant of this medical fee dispute represents a health care insurer as defined by TLC §409.0091(a). TLC §409.0091(c) states that health care paid by a health care insurer may be reimbursable as a medical benefit.

The provisions of TLC §409.0091, and 28 TAC Rule §140.8 apply to this request for reimbursement by a health care insurer and are hereby applied in the Division's determination of whether payment is due in this case.

2. TLC §409.0091(l) states that "Any dispute that arises from a failure to respond to or a reduction or denial of a request for reimbursement of services that form the basis of the subclaim must go through the appropriate dispute resolution process under this subtitle and division rules."

Applicable TLC §409.0091(k)(1) and corresponding 28 TAC §140.8 (h)(3)(A)(i), states that a health care insurer must file a request for medical dispute resolution with the Division not later than the 120th day after a workers' compensation insurance carrier fails to respond to a health care insurer's reimbursement request or reduces or denies the requested reimbursement amount for reasons other than lack of medical necessity.

A review of the supporting documentation included with the medical fee dispute resolution request reveals that the workers' compensation insurance carrier did not reply to the Subclaimants reimbursement request and the DWC026 dated March 24, 2023.

The medical fee dispute resolution request was received by the Division on August 9, 2023. The Division finds that the Subclaimant did not submit the request for medical fee dispute resolution within the required timeframe set out in TLC §409.0091(k)(1) and corresponding 28 TAC §140.8 (h)(3)(A)(i).

3. 28 TAC §140.8(c)(2), states, "(2) Notice. The health care insurer must give notice of the request to the injured employee and the health care provider that performed the services that are the subject of the reimbursement request. The notice shall include a copy of the reimbursement request and an explanation that the health care insurer is seeking reimbursement for medical care costs."

A review of the documents presented with the medical fee dispute resolution request finds that Subclaimant did not submit any documents to support the requirements of 28 TAC §140.8(c)(2) were met.

4. The Division finds that the following:

- Pursuant to TLC §409.0091(k)(1) and corresponding 28 TAC §140.8 (h)(3)(A)(i), the subclaimant submitted inadequate documentation to support that the medical services provided to the injured employee were submitted to medical fee dispute resolution within 120 days after a workers' compensation insurance carrier failed to respond to a health care insurer's reimbursement request or reduces or denies the requested reimbursement amount.
- Pursuant to §140.8(c)(2), the Subclaimant submitted inadequate documentation to support that both the injured worker and the healthcare practitioner who provided the services that are the subject of the reimbursement request were notified of the request by the health insurance. A copy of the reimbursement request and an explanation of the health care insurer's request for payment for medical expenses must be included in the notice.

The Division finds that the Subclaimant has not met the specified rule requirements, and therefore, consideration has not been given to the merits of the request for reimbursement under TLC § 409.0091.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the Subclaimant and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The Division finds the requester has established that reimbursement of \$0.00 is due.

Order

Under TLC §§413.031 and 413.019, the Division has determined the Subclaimant is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	August 7, 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. 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, 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.