



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Healthcare Subrogation Group

Respondent Name

Bridgefield Casualty Insurance Company

MFDR Tracking Number

M4-23-3355-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 30, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 23, 2021	72192-TC, 73502-TC-RT, 99284-25, 72192-26-59, 73502-26-RT, 99284-25	\$16,453.66	\$0.00
December 30, 2021	99204		
January 3, 2022	99213		
January 14, 2022	77080		
January 25, 2022	99213		
February 1, 2022	97110-GP, 97112-GP, 97163-GP, and 97530-GP		
February 2, 2022	97110-GP, 97112-GP, and 97530-GP		
February 7, 2022	97110-GP, 97112-GP, and 97530-GP		
February 9, 2022	97110-GP, 97112-GP, and 97530-GP		
February 15, 2022	97110-GP, 97112-GP, and 97530-GP		
February 17, 2022	97110-GP, 97112-GP, and 97530-GP		
February 21, 2022	80061, and 82306		
February 22, 2022	97110-GP, 97112-GP, and 97530-GP		
February 24, 2022	97112-GP, and 97530-GP		
March 1, 2022	99214, 97112-GP, and 97530-GP		
March 14, 2022	99213		
March 15, 2022	97110-GP, 97112-GP, and 97530-GP		
March 17, 2022	97110-GP, 97112-GP, and 97530-GP		

March 22, 2022	97110-GP, 97112-GP, and 97530-GP		
March 24, 2022	97110-GP, 97112-GP, and 97530-GP		
April 5, 2022	97110-GP, 97112-GP, and 97530-GP		
April 7, 2022	97110-GP, 97112-GP, and 97530-GP		
April 12, 2022	97110-GP, 97112-GP, and 97530-GP		
April 21, 2022	97110-GP, 97112-GP, and 97530-GP		
May 16, 2022	99214		
December 12, 2022	99214		
January 23, 2023	99213		
Total		\$16,453.66	\$0.00

Requestor's Position

“Following Subclaimant’s submission of the revised DWC 026 on 06/26/2023, Carrier responded via email on 06/29/2023 indicating that Subclaimant would need to submit additional information (i.e., service address and medical license numbers) in order for the reimbursement request to be processed (see attached email...). Carrier subsequently issued another response to Subclaimant’s revised reimbursement request in the form of multiple EOB’s dated 08/04/2023, which Subclaimant received on approximately 08/15/2023. According to the EOB’s dated 08/04/2023 provided by Carrier, payment was denied for all of the treatments included in the revised reimbursement request...”

Amount in Dispute: \$16,453.66

Respondent's Position

Medical Fee Dispute Resolution received Requestor’s DWC-60 on 8/30/2023 as evidenced by the date stamp on the DWC-60. The dates of service in dispute, 12/23/2021-5/16/2022, were not filed within one year of the date of service. There is no exception to this requirement in Tex. Labor Code 409.0091, or in DWC Rule 133.305. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision for those specific dates stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service... Respondent requests no monies be awarded to Requestor because it failed to timely file with Medical Fee Dispute Resolution and for failing to provide the necessary information required to calculate the proper fee guideline reimbursement rate.”

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

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 16 – Claim/service lacks information or has submission/billing error(s).
- 205 – This charge was disallowed as additional information/definition is required to clarify service/supply rendered.

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 the form and manner prescribed by TLC §409.0091(l) and (k)?
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 pursuant to §409.0091 in the amount of \$16,453.66 from the Texas workers' compensation insurance carrier, for medical services rendered to a Texas workers compensation claimant on December 23, 2021, through January 23, 2023.

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.

The division finds the following:

- The subclaimant seeks recovery in the amount of \$16,453.66 for dates of service December 23, 2021, through January 23, 2023.
- A request for recovery was submitted to the workers compensation insurance carrier on March 13, 2023, as indicated in the DWC Form-026 and the "reimbursement request" letter.
- The workers compensation insurance carrier, Bridgefield Casualty Insurance Company failed to respond to the recovery request dated March 13, 2023.
- The subclaimant submitted a second request for recovery to Bridgefield Casualty Insurance Company for dates of service, December 23, 2021, through January 23, 2023.
- The bill audit company, Summitt for Bridgefield Casualty Insurance Company responded to the second reimbursement request on June 26, 2023.
- The request for medical fee dispute resolution was received by the division on August 30, 2023.

The Division finds that the subclaimant was required to file with medical fee dispute resolution within 120 days of either the Texas workers compensation insurance carrier's response or non-response to the reimbursement request. The Texas workers compensation carrier did not respond to the reimbursement request dated March 13, 2023. The medical fee dispute resolution request was received by the Division on August 30, 2023, well after the 120-day timeframe required per TLC §409.0091(k)(1) and corresponding 28 TAC §140.8 (h)(3)(A)(i).

The Division concludes that the request for medical fee dispute resolution was submitted untimely and therefore is not eligible for medical fee dispute resolution.

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 submitted no documentation to support that the requirements of 28 TAC §140.8(c)(2) were met.

4. Pursuant to §140.8(c)(2), the Subclaimant submitted inadequate documentation to support that both the injured worker and the healthcare practitioners who provided the services and that are the subject of this reimbursement request, were notified of the request for reimbursement by the health care insurer. Therefore, 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

_____	_____	September 30, 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.