TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Healthcare Subrogation Group

Respondent Name
QBE Insurance Company

MFDR Tracking Number
M4-24-0500-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
October 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2022	81003, 96372, 99284-25, J1885, 0250, 99284, and 81003-26	$2,934.69	$0.00
	Total	$2,934.69	$0.00

Requestor's Position

"...Carrier cannot deny payment by stating that Subclaimant would need to submit the actual provider bills, invoices, and/or medical records 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 one of the seven attached treatments based on Reason Code 252 and Reduction Code M23 is invalid and without merit."

Amount in Dispute: $2,934.69

Respondent's Position

"The sub claimant filed a Request for Medical Fee Dispute Resolution for a date of service of August 8, 2022. However, the sub claimant did not file its Request for Medical Fee Dispute Resolution until October 27, 2023. While there are certain exceptions provided to sub claimant's under § 409.0091, timely submission of the Request for Medical Fee Dispute Resolution is not one of them. See Rule 133.307(c)."

Supplemental Position

"Carrier has previously responded to this dispute on November 27, 2023. As noted in the carrier's initial response, the sub claimant is not entitled to any reimbursement. We are attaching a copy of the carrier's EOR dated August 4, 2023.

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. 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:

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- 29 – The time limit for filing claim/bill has expired.

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)?
3. Did the subclaimant provide sufficient documentation to substantiate that 28 TAC §140.8 requirements were met?
4. Is the Subclaimant entitled to reimbursement for the disputed services?

Findings

1. The healthcare insurer (subclaimant) seeks recovery in the amount of $2,934.69 from the Texas workers' compensation insurance carrier, for professional services rendered to a Texas workers compensation claimant on August 8, 2022. The subclaimant seeks recovery 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 DWC finds that 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 subclaimant submitted a copy of the DWC026 form and a reimbursement request letter dated July 17, 2023. The workers' compensation insurance carrier responded to the reimbursement request with an explanation of benefits (EOB) dated August 4, 2023. On October 27, 2023, the Division received the request for a medical fee dispute resolution.

   It has been determined that the medical fee dispute resolution request was submitted to the Division no later than 120 days after the workers' compensation insurance carrier's response to the healthcare insurer's DWC Form-026 and letter requesting reimbursement.

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. A review of the medical documentation finds that the Subclaimant submitted inadequate documentation to support that both the injured worker and the healthcare practitioner who provided the services were notified of the request by the health care insurer, pursuant to §140.8(c)(2).

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

		September 27, 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 electronico CompConnection@tdi.texas.gov.