



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Healthcare Subrogation Group

Respondent Name

Sentry Casualty Company

MFDR Tracking Number

M4-24-0558-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 31, 2023

Summary of Findings

Dates of Service	Disputed CPT and Revenue Codes	Amount in Dispute	Amount Due
June 14, 2022	80053, 82962, 85025, 96365, 96375, 99283-25, J2270, and 0250	\$2,926.67	\$0.00
November 15, 2022	99222		
November 16, 2022	11403-RT		
Total		\$2,926.67	\$0.00

Requestor's Position

"Despite Subclaimant's numerous attempts to follow up on the status and processing of the reimbursement request in question, Carrier failed to issue payment or any response whatsoever. To date, Subclaimant has therefore not received payment or an EOB explaining the basis for denial of the reimbursement request from Carrier. As a result, it is Subclaimant's position that Carrier failed to respond to the reimbursement request within the requisite 90-day period."

Amount in Dispute: \$2,926.67

Respondent's Position

The sub claimant filed the DWC 60 with the Division on October 31, 2023. The provider failed to file the DWC 60 within one year of the date of service for the date of June 14, 2022. Pursuant to rule 133.307(c)(l), the provider is not entitled to medical fee dispute resolution for the services provided on June 14, 2022."

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

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 the form and manner prescribed by TLC §§409.0091(l) and 409.0091(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 in the amount of \$2,926.67 from the Texas workers' compensation insurance carrier, for medical services rendered to a Texas workers compensation claimant on June 22, 2022, November 15, 2022, and November 16, 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 Division 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." TLC §409.0091(k)(1) §409.0091(l) and 28 TAC §140.8 (h)

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 Subclaimant's documentation finds that the healthcare insurer filed with the workers compensation insurance carrier a DWC Form-026 on July 13, 2023. No documentation was submitted to support that the workers compensation responded to the reimbursement request. The Division received the medical fee dispute resolution request December 31, 2023.

The Division finds that the medical fee dispute resolution request was submitted to the Division more than 120 days after workers compensation insurance carrier failed to respond to the health care insurer's reimbursement request.

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 that 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), 409.0091(l) and 28 TAC §140.8 (h), the Subclaimant submitted the medical fee dispute resolution request to the Division more than 120 days after the workers compensation insurance carrier failed to respond to the health care insurer's reimbursement request.
 - 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

_____	_____	September 13, 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.