



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baptist Health System

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-24-1272-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 8, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------------|-------------------|--------------------|---------------|
| February 11 – 14, 2023 | 0119 | \$9340.00 | \$0.00 |
| February 11 – 14, 2023 | 0250 | \$1151.00 | \$0.00 |
| February 11 – 14, 2023 | 0300 | \$22201.00 | \$0.00 |
| February 11 – 14, 2023 | 0320 | \$1194.00 | \$0.00 |
| February 11 – 14, 2023 | 0350 | \$62991.00 | \$0.00 |
| February 11 – 14, 2023 | 0450 | \$9796.00 | \$0.00 |
| February 11 – 14, 2023 | 0460 | \$3556.00 | \$0.00 |
| February 11 – 14, 2023 | 0483 | \$4972.00 | \$0.00 |
| February 11 – 14, 2023 | 0610 | \$65980.00 | \$0.00 |
| February 11 – 14, 2023 | 0730 | \$961.00 | \$0.00 |
| February 11 – 14, 2023 | 0740 | \$2842.00 | \$0.00 |
| February 11 – 14, 2023 | WC ADJUSTMENTS | -174572.50 | \$0.00 |
| Total | | \$10,605.50 | \$0.00 |

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed CCMSI, but the bill was denied. The Hospital requested CCMSI review underpayment and issue payment. However, despite the Hospital's efforts and Request for Reconsideration set to CCMSI on or about September 9, 2023, and February 7, 2024, but CCMSI has not issued payment."

Amount in Dispute: \$10,605.50

Respondent's Position

"When the Requestor requested medical fee dispute resolution, it did not provide any evidence that it had submitted a medical bill to the City within the period required by section 408.027 or that it satisfied any of the exceptions in section 408.0272(b). Since the City denied payment of the bill on that basis, the Requestor is not entitled to payment."

Response Submitted by: Stone Loughlin Swanson

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 §133.20](#) sets out requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in February 2023. The insurance carrier denied the disputed services based on untimely submission of the medical bill.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

DWC finds there is insufficient information to support the disputed medical bill was sent and received by the respondent within 95 days or that an exception described above exists. 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

| | | |
|-----------|--|---------------|
| _____ | _____ | March 6, 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, please 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.