



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TX Health Arlington

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-1560-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2023	274 L0150	\$20.00	\$0.00
June 12, 2023	320 73030	\$434.50	\$0.00
June 12, 2023	350 72125	\$3,689.00	\$0.00
June 12, 2023	450 96374	\$295.75	\$0.00
June 12, 2023	450 96375	\$295.75	\$0.00
June 12, 2023	450 99284	\$1,302.00	\$0.00
June 12, 2023	636 J2270	\$12.50	\$0.00
June 12, 2023	636 J2405	\$10.00	\$0.00
Total		\$6,059.50	\$0.00

Requestor's Position

"Texas Mutual should not have denied the Hospital's claim as untimely filed because the Hospital was not informed that this was a workers' compensation claim until November 9, 2023. The Hospital timely billed the self-insured employer and repeatedly provided proof to Texas Mutual. By denying the Hospital's claim as untimely filed, Texas Mutual violated section 408.0272 of the Texas Labor Code. Texas Mutual should accept the Hospital's claim as timely filed and issue prompt payment."

Amount in Dispute: \$6,059.50

Respondent's Position

"The rationale given by the requestor for the late bill is not consistent with the Rule above. The requestor did not show proof of filing a bill to the employer, the document that was submitted as proof of submission to the employer states, 'this is not a bill.' Per Rule 133.20(j)(2) 'When a health care provider bills the employer, the health care provider shall submit an information copy of the bill to the insurance carrier.' The healthcare provider failed to submit an information only copy to Texas Mutual when the health care provider states that a bill was sent to the injured workers employer. Our position is that no payment is due."

Response submitted by: Texas Mutual Insurance Company

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.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- CAC-W3- In accordance with the TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-29 – The time limit for filing has expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issues

1. Did the requestor submit a medical bill to the employer?

Findings

1. The requestor is seeking reimbursement for outpatient hospital emergency room services rendered in June of 2023. The requestor states in their position statement, "The Hospital timely billed the self-insured employer..." In support of their position the requestor included a copy of a CMS 1450 claim with a creation date of July 21, 2023 showing the payer as "ADASTAFF" in box 50 and an itemized account statement dated June 15, 2023.

Review of these documents supports that hospital originally submitted the claim to the injured workers employer.

DWC Rule 28 TAC §133.307 (j)(1)(C) states, "The health care provider may elect to bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s). Such billing is subject to the following:

- (1) A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to:

(C) medical dispute resolution as provided by Labor Code §413.031.

As the requestor's documentation supports the submission of the medical bill to the injured worker's employer, this medical claim is not eligible for a medical fee dispute resolution review.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 11, 2024
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.