



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Fort Worth

Respondent Name

Hartford Insurance Co of Illinois

MFDR Tracking Number

M4-24-1901-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 2, 2023	111	13,720.00	\$0.00
May 2, 2023	206	8,420.00	\$0.00
May 2, 2023	250	1,068.98	\$0.00
May 2, 2023	258	100	\$0.00
May 2, 2023	270	6,488	\$0.00
May 2, 2023	272	2,649	\$0.00
May 2, 2023	274	21	\$0.00
May 2, 2023	278	9,044	\$0.00
May 2, 2023	300	849.25	\$0.00
May 2, 2023	301	9,945.50	\$0.00
May 2, 2023	305	4,206.50	\$0.00
May 2, 2023	307	166	\$0.00
May 2, 2023	309	326.75	\$0.00
May 2, 2023	320	6,461	\$0.00
May 2, 2023	350	9,729.75	\$0.00
May 2, 2023	351	11,892	\$0.00
May 2, 2023	352	4,092.75	\$0.00
May 2, 2023	360	22,765.50	\$0.00
May 2, 2023	370	9,039.50	\$0.00
May 2, 2023	420	1,454.50	\$0.00
May 2, 2023	424	253.25	\$0.00

May 2, 2023	430	687	\$0.00
May 2, 2023	434	627.75	\$0.00
May 2, 2023	450	3,043.25	\$0.00
May 2, 2023	636	3,829.68	\$0.00
May 2, 2023	681	9,360.00	\$0.00
May 2, 2023	710	3,911.50	\$0.00
Total		\$144,152.41	\$0.00

Requestor's Position

"...Texas health Fort Worth was not made aware at this time by the injured employee or anyone else that these services were related to a work injury. Because no form of coverage was provided, the employee was billed as "Self Pay." On September 28, 2023, Texas Health received a letter from the Hartford's Medical Bill Processing Center requesting billing information for this claim. Texas Health sent the requested UB04 on December 1, 2023 within 95 days of The Hartford's correspondence."

Amount in Dispute: \$144,152.41

Respondent's Position

"The original bill for dos 5/2/23 received on 10/30/23 under control number 220192864 was processed on 11/17/23. It was denied as past timely filing. The bill was reprocessed 3/4/24 under control number 901969833 and denied as CDNY (claim denied) per the PLN1 on file. DOI on claim is (redacted). ...Per the meds attached the DOI is actually (redacted) and the injury reads "...pt was the single driver of a motorcycle when he lost control and was thrown about 25 feet from the motorcycle while moving at highway speeds..." It appears that this is not a Workers Comp claim, but a personal injury."

Response Submitted by: The Hartford

Supplemental response May 21, 2024 submitted by Burns Anderson Jury & Brenner, L.L.P

"No reimbursement is owed for the service provided by Texas Health Fort Worth on May 2, 2023 because this is a totally denied claim. The services reflect a date of injury of (redacted) However, a PLN-1 was filed on March 16, 2023 disputing the compensability of the claimed incident. Further, even if the (redacted) incident was a compensable claim, the incident that led to the treatment on May 2, 2023 was in no way related to the (redacted) incident. The reported incident on (redacted) involved the Claimant's (redacted); however, the services at issue were provided to treat the effects of a motorcycle accident that occurred two months later."

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 §124.2](#) details the requirements of insurance carrier notifications.
3. [28 TAC §133.20](#) sets out requirements of medical bill submission.
4. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
5. [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.
- 4271 – Per Tx Labor Code Sec. 408.027. Providers must submit bills to payors within 95 days of the date of service.
- CDNY – Workers comp claim adjudicated as non-compensable. The payer is not liable for claim service/treatment. Reimbursement is denied as the claim has been disallowed and is not compensable. If you require additional information regarding this bill decision, contact the claim handler.

Issues

1. Did the insurance carrier support non-compensability?
2. Did the requestor support timely submission of medical claim?

Findings

1. The respondent states in their position statement, "The services reflect a date of injury of (redacted). However, a PLN-1 was filed on March 16, 2023 disputing the compensability of the claimed incident. Further, even if the (redacted) incident was a compensable claim, the incident that led to the treatment on May 2, 2023 was in no way related to the (redacted) incident. The re-evaluation explanation of benefits dated March 4, 2024 indicates, "CDNY – Workers comp claim adjudicated as non-compensable. The payer is not liable for claim service/treatment. Reimbursement is denied as the claim has been disallowed and is not compensable."

DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting

and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices “shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim.”

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier’s denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor is seeking reimbursement of inpatient hospital services rendered from May 2, 2023 to May 11, 2023. The insurance carrier’s first explanation of benefits indicates a denial for non-timely 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.

Review of the submitted documentation found the following.

- a fax cover sheet from the requestor dated September 26, 2023 that indicates 12 pages sent with the comment, "Please see the attached itemized bill."
- notice from The Hartford dated September 28, 2023 that states, "Bill. Must be submitted on a required form (UB4, CMS-1500, DWC66).
- submitted medical bill has a creation date of December 1, 2023.

DWC finds the reviewed information is insufficient information to support any exception described above. 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 requestor 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

_____	_____	<u>November 14, 2024</u>
Signature	Medical Fee Dispute Resolution Officer	Date
_____	_____	<u>November 14, 2024</u>
Signature	Director Medical Fee Dispute Resolution	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.