



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Mission Trail Baptist Hospital

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-25-0812-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 22 – 26, 2024	0111	\$10076.00	\$15,302.40
	0250	\$1566.50	Included above
	0272	\$1068.00	Included above
	0278	\$51634.00	Included above
	0300	\$6252.00	Included above
	0320	\$4396.00	Included above
	0360	\$50543.00	Included above
	0370	\$9665.00	Included above
	0420	\$1662.00	Included above
	0424	\$719.00	Included above
	0430	\$2213.00	Included above
	0450	\$15176.00	Included

			above
	0710	\$18044.00	Included above
	0730	\$1038.00	Included above
	WC ADJUSTMENTS	-158750.10	Included above
	Total	\$15,302.40	\$15,302.40

Requestor's Position

"Furthermore, SEDGWICK failed to provide payment or an explanation of benefits ("EOB") to explain a denial, if any, within forty-five (45) days in accordance with Texas Administrative Code §133.240(a)."

Supplemental response February 27, 2025

"I have reviewed my client's system and no payment has been received on this matter at this time. Would the Flahive, Ogden & Latson be able to provide the method of the payment, the date of the payment, and copies of the payment (both sides if a check) so I may provide this information to my client for a deeper search for this alleged payment?"

Amount in Dispute: \$15,302.40

Respondent's Position

"The carrier is reprocessing the provider's bill and will be paying the provider accordingly."

Supplemental response January 31, 2025

"We've processed an additional payment in the amount of \$20,453.68 under ICN# 6871-22791. This ICN will hit Juris soon and will need to be approved in JURIS to ensure the payment releases to the provider to fully resolve the open petition."

Supplemental response March 3, 2025

"They have not gotten the payment yet because it has not been approved by the claims examiner yet. I have recalculated the interest due also since it is incorrect due to the delay."

Response 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. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.404](#) sets out the acute care hospital fee guideline for inpatient services.

Denial Reasons

Neither party submitted explanation of benefits related to the disputed service.

Issues

1. Is the requestor's position supported?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. Is the requestor entitled to additional payment?

Findings

1. The requestor states in their position statement that the insurance carrier did not respond to their claim within 45 days. Review of the submitted documentation found insufficient evidence to refute this statement. The disputed medical bill will be resolved per applicable fee guidelines.
2. The payment of inpatient hospital services is subject to DWC Rule 28 TAC §134.404(f), that requires the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount (including outlier payments) applying Medicare Inpatient Prospective Payment System (IPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare IPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at <http://www.cms.gov>.

The division calculates the Medicare facility specific amount using Medicare's *Inpatient PPS PC Pricer* as a tool to efficiently identify and apply IPPS formulas and factors. This software is freely available from www.cms.gov.

Note: the "VBP adjustment" listed in the *PC Pricer* was removed in calculating the facility amount for this admission. Medicare's Value-Based Purchasing (VBP) program is an initiative to improve quality of care in the Medicare system. However, such programs conflict with Texas Labor Code sections 413.0511 and 413.0512 regarding review and monitoring of health care quality in the Texas workers' compensation system. Rule §134.404(d)(1) requires that specific Labor Code provisions and division rules take precedence over conflicting CMS provisions for administering Medicare. Consequently, VBP adjustments are not considered in determining the facility reimbursement.

Separate reimbursement for implants was not requested. DWC Rule 28 TAC §134.404(f)(1)(A) requires that the Medicare facility specific amount be multiplied by 143%.

Review of the submitted medical bill and supporting documentation finds the assigned DRG code to be 494. The service location is Mission Trail Baptist Hospital in San Antonio, Texas. Based on DRG code, service location, and bill-specific information, the Medicare facility specific amount is 14,303.28 (VBP adjustment \$80.58) \$14,383.86. This amount multiplied by 143% results in a MAR of \$20,568.92.

2. The total recommended payment for the services in dispute is \$20,568.92. The requestor is seeking \$15,302.40. This amount 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance Co must remit to Mission Trail Baptist Hospital \$15,302.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	April 3, 2025
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.