



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Hendrick Medical Center

**Respondent Name**

National Interstate Insurance

**MFDR Tracking Number**

M4-25-2909-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

July 15, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 15, 2024	Pharmacy	\$501.24	\$0.00
July 16, 2024	Pharmacy	\$34.56	\$0.00
July 17, 2024	Pharmacy	\$62.67	\$0.00
July 15, 2024	Q9967	\$183.00	\$0.00
July 16, 2024	96375	\$431.27	\$0.00
July 16, 2024	96376	\$346.44	\$0.00
July 16, 2024	36415	\$25.52	\$0.00
July 15, 2024	80053	\$641.68	\$0.00
July 15, 2024	81001	\$174.39	\$0.00
July 15, 2024	85025	\$226.84	\$0.00
July 15, 2024	85610 QW	\$250.25	\$0.00
July 15, 2024	85730	\$305.66	\$0.00
July 15, 2024	80307	\$515.64	\$0.00
July 15, 2024	70498	\$5090.40	\$0.00
July 15, 2024	70450	\$4904.39	\$0.00
July 16, 2024	70450	\$4904.39	\$0.00
July 17, 2024	70450	\$4904.39	\$0.00
July 15, 2024	70496	\$6007.60	\$0.00
July 16, 2024	97116GP	\$241.91	\$0.00
July 16, 2024	97161GP	\$641.41	\$0.00
July 16, 2024	97535GO	\$295.44	\$0.00

July 16, 2024	97165GO	\$722.29	\$0.00
July 15, 2024	9928525	\$7624.48	\$0.00
July 15, 2024	J1100	\$6.15	\$0.00
July 16, 2024	J1100	\$12.30	\$0.00
July 17, 2024	J1100	\$6.15	\$0.00
July 15, 2024	J1953	\$504.21	\$0.00
July 15, 2024	G0378	\$27207.90	\$0.00
	Total	\$66,772.56	\$0.00

### Requester's Position

"NATIONAL INTERSTATE denied this bill for timely filing. This bill was initially billed to the patients HI BCBS on 7/24/24. NATIONAL INTERSTATE called HENDRICK HEALTH SYSTEM on 2/14/25 advising that the bill needed to be submitted to workers' comp for processing. Please note, this bill was submitted within 95 days the provider was made aware that the bill was submitted to the incorrect carrier."

**Amount in Dispute:** \$66,772.56

### Respondent's Position

"...The Carrier appropriately denied this bill because Hendrick Health System knew as early as 5/16/24 and no later than 8/13/24 that National Interstate Insurance Company was the correct carrier for this claim. ...Instead of billing National Interstate within 95 days of any of the above-referenced dates, Hendrick did not begin seeking reimbursement until 3/25/25...."

**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 – Reporting purposes only

## Issues

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

## Findings

1. The requester is seeking reimbursement of inpatient hospital services rendered xx. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

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 requester did not submit any evidence to support notification of the correct carrier. The respondent submitted the following information.

- Call notes from May 16, 2024 from Hendrick Center Hospital to carrier. Carrier requested records.
- Call notes from August 13, 2024. Carrier received medical statement from claimant called Hendrick Medical Center and provided claim information for billing.
- Rehab note dated December 4, 2024 indicates insurance is Interstate Worker's Comp
- EOR dated November 4, 2024 for Hendrick Medical center for outpatient service.
- EOR dated November 25 2024 for Hendrick Medical Center for outpatient speech therapy.

DWC finds there is insufficient information to support the requesters position of when they had knowledge of the correct workers' compensation carrier. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the Hendrick Medical Center has not established that reimbursement of \$66,772.56 is due.

## **Order**

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

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 29, 2025  
\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).