

**ADVISORY NO. 430**  
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**TOPIC:       COMMISSIONER ISSUES BULLETIN REGARDING SUBCLAIMANT  
REQUESTS FOR REIMBURSEMENT (DWC-26)**

The actions of some subclaimants who have filed requests for reimbursement of medical expenses under the provisions of Texas Labor Code Ann. Sec. 409.0091 have created significant work flow problems for many carriers because of the format of the subclaimant's filings.

The Division of Workers' Compensation has issued an important bulletin that clarifies certain essential responsibilities of health care insurers who file subclaims under the act. In Commissioner's Bulletin No. B-0033-08, the Division advises all system participants of two very important requirements related to DWC-26 requests, which some subclaimants have ignored in their filings.

**DATE OF DATA MATCH**

The date of the data match is a threshold requirement for reimbursement eligibility. As such, health care insurers seeking reimbursement should provide the workers' compensation insurance carriers with information detailing the date of the data match.

**REQUIRED FORMAT FOR DATA.**

Section 409.0091(f) requires the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) to prescribe the form for the data elements that a health care insurer must include in its reimbursement requests. The TDI-DWC has prescribed DWC Form-026, *Reimbursement Request for Payment Made by Health Care Insurer*, for this use. To expedite processing, all data elements required by §409.0091(f) must be included in each reimbursement request and should be in the same data format as prescribed by DWC Form-026. If additional sheets are provided to present all required data, the required data elements should be in the same table format as prescribed by DWC Form-026.

The Bulletin cautions all system participants to show good faith in the process, noting "Health care insurers and workers' compensation insurance carriers should avoid actions that impede the efficient administration of this claims process. Health care insurers should verify the validity of their requests prior to submitting a reimbursement request. Workers' compensation insurance carriers should only request additional information that is actually needed to process a claim. Examples of information that is not required to process the request for reimbursement include, but are not limited to, evidence of a health care insurer anti-fraud plan (Texas Insurance Code Chapter 704 requires all health care insurers to have a anti-fraud plan), and required copies of DWC Form-066, *Statement of Pharmacy Services*, for pharmaceutical services since that form is only used when billing in the workers' compensation system."

FLAHIVE, OGDEN & LATSON

A complete copy of the Commissioner's Bulletin is attached to this advisory or is available on the Division's website at <http://www.tdi.state.tx.us/bulletins/2008/cc30.html>.