



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXOMA MEDICAL CENTER

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number

M4-15-0267-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

September 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally billed for this date of service on 12/18/2013, which well within the 95 day rule for submission. The first date of submission was vial mail on 12/18/2013, which we have attached our system notes to validate this, but at the time we did not have the correct employer information that was needed. We submitted this claim well within the 95 day deadline from the date of admission and we feel this claim should be accepted by the carrier and processed for payment release.

Our proof of timely filing includes our system notes with the date of submission marked for your review. Clearly the first submissions of our bill, was sent within the required 95 days from the date of admission. We do not feel that a provider should be penalized for not having the correct employer information, which is no fault of the provider's, it's not like we can deny treatment to injured patients because of lacking information!"

Amount in Dispute: \$7,360.47

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on September 25, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review

Response Submitted by: n/a

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 08, 2013 to December 11, 2013	Inpatient Hospital Services	\$7,360.47	\$0.00

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

Health care providers may verify workers' compensation insurance coverage and contact information from our website at www.tdi.texas.gov/wc/employer/coverage.html or for additional assistance call the TDI-DWC Insurance Coverage section at **800-372-7713**.

