



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

METHODIST AMBULATORY SURGERY HOSPITAL

Respondent Name

SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number

M4-15-2337-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 30, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Advent Health Partners is submitting a medical fee dispute resolution on behalf of Methodist Ambulatory Surgical Center. We are in receipt of a denial for the above mentioned claim by Sedgwick for Timely Filing. We are requesting that you request that they reprocess this claim with the following proof showing that this was a corrected claim that was sent within 95 days of the EOP denial.

Firstly, this was a correct claim and the original claim and the original claim was billed to Sedgwick and denied on March 19, 2014 for not being related to the Workman's Compensation claim. As a result of this denial, a corrected claim was sent to Sedgwick changing the denied code from 29844 to 29840 via USPS mail on May 10, 2014. Although the USPS website shows that it was delivered on May 29, 2014, Sedgwick did not show receipt of the claim until June 223, 2014 and it was denied for Timely Filing."

Amount in Dispute: \$14,207.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not date stamped as received by DWC MRD unitl 3/30/15. Consequently, if it not timely as to the DOS at issue per Rule 133.307(c)(1)(A). The provider has waived its right for MFDR."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 04, 2014, Outpatient Hospital Services, \$14,207.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - W1 – Workers Compensation State Fee Schedule Adjustment
 - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment
 - 191 – Claim denied because this is not a work related injury/illness and thus not the liability of the workers compensation carrier
 - 247 – A payment or denial has already been recommended for this service
 - QA – the amount adjusted is due to bundling or unbundling of services
 - P1 – These are adjustments initiated by the payer, for such reasons as billing errors or services that are considered not reasonable or necessary. The amount adjusted is generally not the patient responsibility unless the workers compensation state law allows the patient to be billed
 - W3 – Additional payment made on appeal/reconsideration
 - 29 – The time limit for filing has expired
 - 947 R03 – Upheld no additional allowance has been recommended

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The date of the services in dispute is February 04, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on March 30, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	Date
		5/8/15

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 MFDR 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.