



# 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**

Baylor Surgical Hospital of Fort Worth

**Respondent Name**

City of Fort Worth

**MFDR Tracking Number**

M4-19-5241-01

**Carrier's Austin Representative**

Box 4

**MFDR Date Received**

August 19, 2019

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Please review documentation enclosed that show attempts made to carrier to obtain bill status as proof of timely filing."

**Amount in Dispute:** \$9,520.69

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** After review, York stands on the original audit recommendation to deny for timely filing.

**Response submitted by:** York Risk

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 12, 2018 July 25, 2018	Outpatient hospital services	\$9,520.69	\$0.00

#### FINDINGS AND DECISION

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

#### **Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out requirements of medical bill submission.
- Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
- The insurance carrier denied payment for the disputed services with the following claim adjustment codes:
  - 29 – The time limit for filing has expired

**Issues**

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

**Findings**

28 TAC §133.307(c)(1) requires a request for medical fee dispute must be filed no later than one year after the date of service in dispute unless the dispute involves compensability, extent of injury or liability.

The date of service in dispute is July 12, 2018 and July 25, 2018. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on August 19, 2019.

This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the dispute services do not involve compensability, extent of injury or liability. DWC concludes that the requestor has failed to timely fil this dispute with the DWC’s MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

**Conclusion**

DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

***ORDER***

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

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	October 4, 2019 Date
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***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

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