



# 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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

NORTHWEST TEXAS HEALTHCARE SYSTEM

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-20-0179-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

September 19, 2019

**Response Submitted By**

Texas Mutual Insurance Company

#### REQUESTOR'S POSITION SUMMARY

"hospital staff was advised by the claimant, that we would need to bill Medicare for services rendered... It was not until 5/9/18 notified Requestor that the claim would go through Workers' compensation, due to work-related injury/illness..."

#### RESPONDENT'S POSITION SUMMARY

"The TDI/DWC date stamp lists the received date as 9/19/2019 on the requestor's DWC-60 packet, a date greater than one year from 9/24/2017. The requestor has waived its right to DWC MDR."

#### SUMMARY OF DISPUTE

| Dates of Service   | Disputed Services                  | Dispute Amount | Amount Due |
|--------------------|------------------------------------|----------------|------------|
| September 24, 2017 | Outpatient Emergency Room Services | \$3,497.00     | \$0.00     |

#### AUTHORITY

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

#### Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED
  - 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE.
  - 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

**Issues**

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

**Findings**

28 Texas Administrative Code §133.307(c)(1) requires requestors to timely file medical fee dispute resolution (MFDR) requests with DWC's MFDR Section or waive the right to MFDR.

28 TAC §133.307(c)(1)(A) further requires that a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) be filed no later than one year after the dates of service in dispute.

The disputed date of service is September 24, 2017.

The request was received in DWC's MFDR Section on September 19, 2019.

This date is later than one year (nearly two years) after the disputed date of service.

Review of the submitted information finds the circumstances do not involve any of the exceptions listed in Rule 28 TAC §133.307(c)(1)(B). Consequently, the MFDR request for date of service September 24, 2017 was not timely filed with DWC. The requestor has thus waived the right to MFDR for these services.

**Conclusion**

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of the division is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above, the requestor has not established that additional reimbursement is due.

As a result, the amount ordered is \$0.00.

**ORDER**

In accordance with Texas Labor Code §413.031, based on the information submitted for review, DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_

Signature

Grayson Richardson  
\_\_\_\_\_

Medical Fee Dispute Resolution Officer

October 18, 2019  
\_\_\_\_\_

Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within **twenty** days of your receipt of this decision.

You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d).

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