



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

NORTH CENTRAL SURGICAL HOSPITAL

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-20-0299-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 1, 2019

Response Submitted By

Gallagher Bassett

REQUESTOR'S POSITION SUMMARY

"bill for DOS 9/26/18 was denied unrelated due to bill was processed under ... the incorrect claim for this date of service... Bill was resubmitted back through... which denied for timely filing which carrier received bill 10/12/18."

RESPONDENT'S POSITION SUMMARY

"we have escalated the bill in question for manual review to determine if additional monies are owed."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
September 26, 2018	Outpatient Hospital Services	\$7,487.93	\$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) in Title 28, Part 2 of the Texas Administrative Code.

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:
 - 18 – EXACT DUPLICATE CLAIM/SERVICE

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

The disputed date of service is September 26, 2018.

The request was received in DWC's MFDR Section on October 1, 2019.

This date is later than one year after the date of service.

Review of the submitted information finds no circumstances involving any exceptions listed in Rule 28 TAC §133.307(c)(1)(B); consequently, the MFDR request for date of service September 26, 2018 was not timely filed with DWC and is not eligible for review. The requestor has thus waived the right to MFDR for these services.

Conclusion

For the reasons above, the requestor has waived the right to medical fee dispute resolution for these services. 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

	Grayson Richardson	November 8, 2019
Signature	Medical Fee Dispute Resolution Officer	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.