



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

MHHS GREATER HEIGHTS HOSPITAL

Respondent Name

INDEMNITY INSURANCE CO. OF NORTH AMERICA

MFDR Tracking Number

M4-20-0984-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

December 16, 2019

Response Submitted By

Downs Stanford, P.C.

REQUESTOR'S POSITION SUMMARY

"Initially, MHHS submitted the claim to employer... on November 14, 2018. The employer did not provide us with the workers' comp insurance information until February 26, 2019."

RESPONDENT'S POSITION SUMMARY

"This request for Medical Fee Dispute Resolution was not timely filed pursuant to DWC Rule 133.307(c)."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
November 9, 2018	Outpatient Hospital Facility Services	\$4,894.75	\$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:
 - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
 - OA – The amount adjusted is due to bundling or unbundling of services.
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 1014 - THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.

Issues

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

Findings

- 1. 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 November 9, 2018.

The request was received in DWC's MFDR Section on December 16, 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 November 9, 2018 was not timely filed with DWC. The requestor has thus waived the right to MFDR for these services.

Conclusion

For the reasons above, the requestor has waived the right to MFDR. 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

January 10, 2020
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.