



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 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

METROPLEX ADVENTIST HOSPITAL

Respondent Name

PROPERTY & CASUALTY INS CO OF HARTFORD

MFDR Tracking Number

M4-20-1072-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

DECEMBER 23, 2019

REQUESTOR'S POSITION SUMMARY

"Per EOB received bill for date of service 11/5/18 denied due to timely filing. Please note that bill was submitted to BCBS which a payment was received from carrier, and proof of timely filing is enclosed for review. Please reprocess and remit payment for billed amount of \$4,347.73."

Disputed Amount: \$4,347.73

RESPONDENT'S POSITION SUMMARY

"This dispute should also be dismissed because Metroplex failed to timely file a request for MDR."

Response Submitted By: Burns Anderson Jury & Brenner, LLP

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 5, 2018	Outpatient Hospital Services	\$4,347.73	\$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 (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
- 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
- The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - 45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

- 29-The time limit for filing has expired.
- 4271-Per TX Labor Code Sec 413.016, providers must submit bills to payors within 95 days of the date of service.

Issue

Did the requestor waive the right to medical fee dispute resolution for date of service November 5, 2018?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$4,347.73 for outpatient hospital services rendered on November 5, 2018.
2. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC 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 disputed date of service is November 5, 2018. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on December 23, 2019. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The DWC concludes that the requestor has failed to timely file this dispute with the DWC's MFDR Section per 28 TAC §133.307(c)(1)(A); consequently, the requestor has waived the right to medical fee dispute resolution for the services in dispute.

Conclusion

The DWC finds that the requestor has waived the right to medical fee dispute resolution for date of service November 5, 2018 per 28 TAC §133.307(c)(1)(A).

ORDER

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

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	1/24/2020 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 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR 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 DWC. **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.