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
DALLAS MEDICAL CENTER

Respondent Name
TRAVELERS INDEMNITY COMPANY

MFDR Tracking Number
M4-21-0334-01

Carrier's Austin Representative
Box Number 05

MFDR Date Received
October 26, 2020

Response Submitted by:
Travelers

REQUESTOR'S POSITION SUMMARY

"The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review."

RESPONDENT'S POSITION SUMMARY

"THIS REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION SHOULD BE DISMISSED AS THE PROVIDER FAILED TO TIMELY FILE THE REQUEST WITHIN ONE YEAR OF THE DATE OF SERVICE AS REQUIRED BY RULE 133.307(c)(1). FURTHERMORE, THIS REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION SHOULD BE DISMISSED IN ACCORDANCE WITH RULE 133.307(f)(3)(D) AS THIS CLAIM IS ENROLLED IN THE CARRIER'S CERTIFIED HEALTHCARE NETWORK AND THIS IS A NETWORK PROVIDER. CONSEQUENTLY, THIS REQUEST DOES NOT QUALIFY FOR MEDICAL FEE DISPUTE RESOLUTION UNDER RULE 133.305(a)(4)."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 15, 2019 through October 19, 2019	Inpatient Facility Charges	$27,705.74	$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes: Explanation of Benefit
    - 45 – Charges exceed fee schedule/maximum allowable or contracted/legislated fee arrangement
    - P12 – Workers' Compensation jurisdictional fee schedule adjustment
    - 4157 – Outlier payment applied to covered inpatient hospital services
    - 2896 – Payment made per Medicare's IPS methodology, with the applicable state markup
    - 577 – Reimbursement is based on the contracted amount

Issues

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

Findings

1. The requestor seeks reimbursement for medical services rendered on October 15, 2019 through October 19, 2019.

   28 TAC §133.307(c) (1) states in pertinent part, "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division 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 date of the services in dispute are October 15, 2019 through October 19, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 26, 2019. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	November 19, 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, 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 Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the Division 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 with the Division. **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.