

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
MEDICAL CENTER OF
SOUTHEAST TEXAS

Respondent Name
ARCH INDEMNITY INSURANCE CO

MFDR Tracking Number
M4-21-2477-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
August 31, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2020 to July 16, 2020	Inpatient Hospital Service	\$302.13	\$0.00
Total		\$302.12	\$0.00

"This Request for Reconsideration of adjusted and/or disputed amounts is due to:

991 – Underpaid/Denied APC."

Amount in Dispute: \$302.13

Respondent's Position

"This is a medical fee dispute concerning service date July 5, 2020. This matter is not properly submitted for review as the provider failed to resubmit the bill for reconsideration after initial denial. Requestor submitted its initial bill on June 14, 2021; but did not submit any request for reconsideration prior to filing the DWC60 on August 31, 2021."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

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

Statutes and Rules

1. 28 TAC §133.250 sets out the procedure for reconsideration for payment of medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- U301 – This item has been reviewed on a previously submitted bill or is currently in process. Notification of decision has been previously provided or will be issued upon completion of our review
- Z849 – Go paperless. Liberty Mutual Insurance can accept electronic bill submissions and issue payments electronically. Sign-up today take advantage of the benefits of paperless billing and payments by visiting WWW.JOPARI.COM or by calling 1-800-630-3060
- Z850 – Medical bills for this claim should be submitted to the 'Send Bills to' address referenced in the upper left corner of the EOP
- ZC72 – In the event this payment needs to be returned to the payer, please return the check to PO BOX 734732, Chicago, IL 60673-4732 to submit a dispute or appeal. Please see the address in upper left hand corner of this EOB

Issues

1. Did the requestor submit a bill in accordance with 28 TAC §133.250?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. Review of the submitted documentation provided by the requestor does not support a medical bill submitted in accordance with 28 TAC §133.250.
2. 28 Texas Administrative Code §133.307(c)(1) states:

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 is July 12, 2020 to July 16, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 31, 2021. 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 §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

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature



Signature



Medical Fee Dispute Resolution Officer

September 30, 2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.

