



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TEXAS SPINE & JOINT HOSPITAL

Respondent Name

SFM MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-22-0118-01

Carrier's Austin Representative

Box Number 48

DWC Date Received

September 29, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 17, 2020	99203, 90715, S9088, 12013 and 90471	\$744.00	\$0.00
	Total	\$744.00	\$0.00

Requestor's Position

"The bill was denied as not furnished directly to the patient and/or not documented; for non-covered charges: and for absence of precertification/authorization. Thereafter, this firm requested reconsideration of the denial with Gallagher Bassett, the insurer's TPA; however, no response has been received regarding that request. To preserve the filing deadline, the Hospital now files this Request for Medical Fee Dispute Resolution to resolve this matter."

Amount in Dispute: \$744.00

Respondent's Position

"...we have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review. Attached is a copy of all bills received to date, as well as the corresponding Explanations of Benefits and payment details."

Response Submitted by: Gallagher Bassett

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

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:

- 00136 & 96 – NON-COVERED CHARGE(S).
- 00403 - PAYMENT ADJUSTED AS NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.
- 00438 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
- 5405 - THIS CHARGE WAS REVIEWED THROUGH THE CLINICAL VALIDATION PROGRAM.
- 112 - PAYMENT ADJUSTED AS NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 252 - THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR SERVICES PERFORMED BY A LICENSED NON-PHYSICIAN PRACTITIONER.
- 197 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
- 582 - BASED ON MEDICARE SCHEDULE, STATUS INDICATES THIS CODE IS EITHER AN INVALID OR DELETE CPT/HCPCS CODE. MEDICARE USES ANOTHER CODE FOR REPORTING OF, AND PAYMENT.
- B12 – SERVICES NOT DOCUMENTED IN PATIENTS MEDICAL RECORDS.

Issues

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

Findings

The requestor seeks reimbursement for medical services rendered on September 17, 2020. 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 is September 17, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on September 29, 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 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

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.

The DWC finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

_____	_____	April 14, 2022
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 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.