

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Breckenridge Surgery Center

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-22-0616-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 29, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2020	CPT 26442	\$3,394.27	\$0.00

Requestor's Position

"I'm filing a dispute for the following patients claim for date of service 10/9/2020, procedure code 26442 because per the CPT coding this code should be billed for each additional tendon and is a separate procedure from the primary code 26525."

Amount in Dispute: \$3,394.27

Respondent's Position

"The provider filed a DWC-60 seeking medical dispute resolution for a date of service of October 9, 2020. The provider's DWC-60 was filed with the Division on November 29, 2021. However, the provider was required to file its request for medical fee dispute resolution no later than one year after the date of service ... Since the provider did not timely file its request for medical fee dispute resolution, the provider is not entitled to any medical fee determination but rather is entitled only to a determination that the medical fee dispute was not timely filed."

Response Submitted by: Flahive, Ogden & Latson

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 §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 97 – No description
- 899 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor) component codes of comprehensive surgery: musculoskeletal system procedure (20000-29999) has been disallowed.
- 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
- 193 – No description
- W3 – Additional payment made on appeal/reconsideration

Issues

1. Did Breckenridge Surgery Center forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Breckenridge Surgery Center is seeking additional reimbursement for ASC services performed on October 9, 2020.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days of the final adjudication of the disputed issue.

The DWC received the medical fee dispute resolution request on November 29, 2021. This is more than one year after date of service October 9, 2020. The DWC found no evidence to support that final adjudication of an exception applied to this date of service.

The DWC finds that Breckenridge Surgery Center has waived the right to medical fee dispute resolution for this date of service.

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 requester 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	January 18, 2022 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 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.