

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

DOCTORS HOSPITAL AT
RENAISSANCE

Respondent Name

BRIDGEFIELD CASUALTY INSURANCE

MFDR Tracking Number

M4-22-0722-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

December 09, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 25, 2019 to December 5, 2019	Inpatient Hospital Service	\$9,387.22	\$0.00
Total		\$9,387.22	\$0.00

"After reviewing the account we have concluded that reimbursement received was inaccurate. WCERA_WORKERS' COMPENSATION EXPECTED REIMBURSEMENT AMOUNT – DRG 907 - \$27,560.58 (143%) = \$39,411.63. The reimbursement amount should be \$39,411.63. Payment received was only \$0.00, thus according to these calculations; there is a pending payment in the amount of \$39,411.63."

Amount in Dispute: \$9,387.22

Respondent's Position

"This request for Medical Fee Dispute Resolution was not timely filed pursuant to DWC Rule 133.307(c). The dates of service at issue in this matter are 11/25/2019 – 12/5/2019. Medical Fee Dispute Resolution received Requestor's DWC-60 on 12/9/2021 as evidenced by the date stamp on the DWC-60. The date of service in dispute are 11/25/2019 – 12/5/2019. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating

Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service.”

Response Submitted by: Downs Stanford PC

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 §133.307 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:

- 131 – Claim specific negotiated discount
- 252 – An attachment/other documentation is required to adjudicated this claim/service
- 253 – In order to review this charge please submit a copy of the invoice
- 468 – Reimbursement is based on the medical hospital inpatient prospective payment review methodology
- P12 – Workers’ Compensation Jurisdictional fee schedule adjustment
- PFL – Priced using a Coventry contract. Questions call 800-937-6824

Issues

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

Findings

1. 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 November 25, 2019 to December 5, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on December 09, 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

January 11, 2022
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.