



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

UT Health Pittsburgh

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-22-1312-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

March 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 26, 2020	ER Visit and Labs	\$1433.51	\$0.00
Total		\$1433.51	\$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states in pertinent part, "We were not made aware of a work comp claim until we received a refund request form BCBS."

Amount in Dispute: \$1433.51

Respondent's Position

The Office performed an in-depth review of the dispute packet submitted by Pittsburg Hospital and will maintain our original denial of 29-time limit for filing has expired at this time and respectfully request this medical fee dispute be dismissed due to it is not eligible for review pursuant to 28 TAC Rule §133.307(c)(1) as the requestor has failed to submit a request for medical dispute resolution within 1 year from date of service as the request was received by Division on March 1, 2022.

Response Submitted by: State Office of Risk Management

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 Texas Administrative Code §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:

- 29 – The time limit for filing has expired

Findings

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

Findings

1. The requestor is seeking reimbursement of emergency room services rendered in December 2020. The workers' compensation carrier (SORM) denied based on untimely submission. DWC rule 28 TAC §133.307(c)(1) states:
"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request.
(A) A request for medical fee dispute resolution 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.
(B) A request may be filed later than one year after the date(s) of service if:
(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a

refund notice.

The date of the service in dispute is December 26, 2020. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on March 1, 2022. Insufficient document was found to support an exception as listed above. No payment is recommended.

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

		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 electronico CompConnection@tdi.texas.gov.