



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MHHS Hermann Hospital

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-22-1449-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 2, 2020 through September 11, 2020	Inpatient services	\$137,776.00	\$0.00
Total		\$137,776.00	\$0.00

Requestor's Position

"I am filing this medical fee dispute on the above claim for (claimant) due to carrier denied the bill for not precertification/authorization. This was previously submitted in February, but I never received notification of the case#."

Supplemental response: April 7, 2022.

"The original request was submitted within a year from the date of service, and I was not aware that the MFDR was not received, processed or possibly cancelled. I am asking you to take this information into consideration and reconsider timely filing."

Amount in Dispute: \$137,776.00

Respondent's Position

"The TDI/DWC date stamp lists the received date as 3/14/2022 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

Response submitted by: Texas Mutual Insurance

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:

- 197 – Precertification/authorization/notification absent
- 240 – Preauthorization not obtained

Issues

1. Did the requestor support the previous submission of medical fee dispute resolution?
2. Did the requestor waive the right to medical fee dispute?

Findings

1. The requestor states in a supplemental response to their request for MFDR, "I have attached a copy of the fax receipt showing original request for date of service 09/02/20-09/11/20 was submitted 08/25/21."

Review of the submitted information to support this position found a document titled "Fax Message body" under FILE#4278312." However, none of the original documents in this file (DWC60, medical bill, etc.,) matching the 112 sent pages with a date of August 25, 2021, were included.

The documentation submitted was insufficient to support the requestor's supplemental response.

2. 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 September 2 through September 11, 2020. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on March 14, 2022.

No exception to the above was found. The requestor has waived the right to medical fee dispute.

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

April 14, 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.