

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

HERITAGE PARK SURGICAL  
HOSPITA

**Respondent Name**

TEXAS MUNICIPAL LEAGUE INTERGO

**MFDR Tracking Number**

M4-22-1778-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 20, 2022

### Summary of Findings

| Dates of Service  | Disputed Services    | Amount in Dispute | Amount Due |
|-------------------|----------------------|-------------------|------------|
| February 22, 2021 | Code C1713 and L8699 | \$10,582.86       | \$0.00     |
| <b>Total</b>      |                      | \$10,582.86       | \$0.00     |

"Partial payment was received due to missing manufacturer's invoices for implants. Please note that implant invoices are enclosed for review for additional payment and implants should be reimbursed at manual cost plus 10%. Previous payment received totaled \$12,721.14 leaving a balance. Please reprocess and remit payment for remaining balance due."

**Amount in Dispute:** \$10,582.86

### Respondent's Position

"The Provider was required to request Medical Fee Dispute Resolution within one year of the February 22, 2021 date of service. However, the Provider did not file the DWC-60 packet with the Division of Workers' Compensation until April 20, 2022."

**Response Submitted by:** Flahive, Ogden & Latson

### 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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement
- 353 – This charge was reviewed per the attached invoice
- 252 – An attachment / other documentation is required to adjudicate this claim/service
- 253 – In order to review this charge we will need a copy of the invoice

## 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 February 22, 2021. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on April 20, 2022. 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 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

May 13, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).