

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
MEDICAL CENTER OF  
SOUTHEAST TEXAS

**Respondent Name**  
LIBERTY INSURANCE CORP

**MFDR Tracking Number**  
M4-22-1796-01

**Carrier's Austin Representative**  
Box Number 01

**DWC Date Received**  
April 20, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 20, 2021 to March 22, 2021	Inpatient Hospital Service	\$8,015.44	\$0.00
<b>Total</b>		\$8,015.44	\$0.00

"This bill had been denied for timely filing. Proof of timely had been attached showing that Medicare had paid this bill on 4/12/2021. We were not informed of a worker's compensation claim until the patient called on 10/19/2021. 95 days from this date would be January 22, 2022. As shown on ESIS EOB, this bill was received on 12/9/2021. After being denied for timely, we submitted an appeal on 3/17/2022 and wert oldy by Jan in bill review that this reconsideration was received on 3/21/2022."

**Amount in Dispute:** \$8,015.44

### Respondent's Position

"This medical dispute concerns services provided by Medical Center of Southeast Texas associated with date of service March 20, 2021/March 22, 2021. The request for medical dispute resolution is not timely.

Under Division Rule 133.307(c)(1)(A), a Request for Medical Fee Dispute Resolution must be

provided within one year of the date of service. Medical Center of Southeast Texas requested medical dispute resolution for date of service March 20, 2021/March 22, 2021.”

**Response Submitted by:** ESIS

## **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:

- 29 – The time limit for filing has expired

### 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 March 20, 2021 to March 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 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

June 01, 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).