



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Medical Center of Southeast Texas

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-22-1857-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

April 21, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 26, 2020	Emergency Services	\$915.93	\$0.00
<b>Total</b>		<b>\$915.53</b>	<b>\$0.00</b>

### Requestor's Position

"This bill and appeal were denied for timely filing. The bill was initially paid by BlueCross Blue Shield on 9/2/2020. We were informed on a worker's compensation claim on 1/7/2022 which resent the timely filing deadline to 4/12/22. The bill and appeal had been received and reviewed before this date."

**Amount in Dispute:** \$915.53

### Respondent's Position

"The Office performed an in-depth review of the dispute packet submitted by The Medical Center of Southeast Texas and will maintain our original denials 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 the date of service as the request was received by Division on April 21, 2022.

## **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
- 16 – Claim/service lacks information which is needed for adjudication
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly

### Issues

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 August 2020. The insurance carrier denied the dispute services as 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 August 26, 2020. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on April 21, 2022.

Review of the submitted information found insufficient evidence of an exception to the requirement of filing for medical dispute resolution within one year. The requestor has waived their 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**

_____	_____	May 31, 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](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).