

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CRESCENT MEDICAL CENTER

Respondent Name

LM INSURANCE CORP

MFDR Tracking Number

M4-22-2537-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

August 3, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 14, 2021	Hospital Outpatient Services	\$1,511.10	\$0.00
Total		\$1,511.10	\$0.00

Per the EOB, the allowance for line 6, revenue code 278, is zero. Per our contract, implants are separately reimbursable. The workers comp allowable for revenue 0278 is \$1,445.40. If the bill processed according to the Aetna/Coventry contract, the allowable is \$1,511.10.

Amount in Dispute: \$1,511.10

Respondent's Position

This bill for DOS 7/14/2021 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307: 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 MFDR was filed on 08/09/2022 which is greater than the Dates of service in question.

Response Submitted by: Liberty Mutual

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:

- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment status indicator determines the service is packaged or excluded from payment
- 5732 – Insurance carrier payment to the health care provider shall be according to commission medical policies and fee guidelines in effect on the date(s) of service
- 5792 – To obtain information about the status of your medical bill submission and to learn about the reconsideration process or the benefits or paperless billing & electronic payment (EFT), visit our provider support website at WWW.LIBERTYMUTUALPROVIDER.SUPPORT.COM
- 802 – Charge for this procedure exceeds the OPPS schedule allowance
- 877 – Reimbursement is based on the contracted amount
- LHCN – Liberty Health care network
- Z003 – Any reductions in accordance with your Aetna contract assigned to Coventry.
- Z850 – Medical bills for this claim should be submitted to the send bill o address referenced in the upper left corner of EOP
- ZC72 – In the event this payment needs to be returned to the payer please return the check to PO BOX 734732 Chicago IL 60673-4732
- 813 – Previously paid, payment for this claim/service may have been provided in a previous payment
- W3 – Additional payment made on appeal/reconsideration additional payment made on appeal/reconsideration
-

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 July 14, 2021. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 3, 2021. 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

September 1, 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.