TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Metdalspl LLC

Respondent Name
TX Assoc of Counties Rmp

MFDR Tracking Number
M4-22-2557-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
August 5, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2022	x9907	$727.83	$0.00
	Total	$727.83	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: $727.83

Respondent's Position

"…Metdaldspl LLC's request is vague and fails to adequately document they are entitled to additional reimbursement. As such, TAC RMP asserts it properly processed the medical bill from Metdaldspl LLC for the disputed date of service."

Response submitted by: Burns Anderson Jury & Brenner LLP

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.

2. 28 TAC §134.404 sets out the billing and reimbursement guidelines for inpatient hospital services.

Denial Reasons

- P12 – Workers' compensation jurisdiction fee schedule adjustment
- 4896 – Payment made per Medicare's IPPS methodology, with the applicable state markup.

Issues

1. Did the requestor meet the requirements of Rule 133.307?

Findings

1. Requestor is seeking additional reimbursement of inpatient hospital services. DWC Rule 133.307 (c) (2) (F) states in pertinent part, the request must include the treatment or service code(s) in dispute.

   Review of the submitted DWC60 found the request for MFDR was for x9907. Review of the submitted medical bill found no such revenue code or charge identified as the requested x9907.

   No position statement was submitted by the requestor to explain what service they were requesting MFDR for and why additional payment should be made.

   No additional payment can be recommended.

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

		September 13, 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. 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 electronico CompConnection@tdi.texas.gov.