

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
 BAPTIST MEDICAL CENTER

Respondent Name
 NORTHSIDE ISD

MFDR Tracking Number
 M4-23-0323-01

Carrier's Austin Representative
 Box Number 16

DWC Date Received
 October 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 30, 2020 to November 2, 2020	Hospital Outpatient	\$4,653.00	\$0.00
Total		\$4,653.00	\$0.00

"The following clinical information supports our position:

Texas timely filing deadline is 95 days from discharge

This claim has a service date of 11/02/2020. Was initially billed to other insurance given at time of patient registration."

Amount in Dispute: \$4,653.00

Respondent's Position

No insurance carrier response received.

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:

- The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 5094 – DWC requires request for reconsideration or corrected claims to be submitted within 10 months of the date of service
- POOC – Internal use only
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 29 – The time limit for filing has expired
- W3 – Bill is a reconsideration or appeal

Issues

1. Did the respondent respond to the DWC-060 request in dispute?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The Austin carrier representative for NORTHSIDE ISD is ADAMI SHUFFIELD SCHEIHING & BU. B ADAMI SHUFFIELD SCHEIHING & BU was notified of this medical fee dispute on October 18, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division 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 October 30, 2020 to November 2, 2020. The request for medical fee dispute resolution was received on October 10, 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; 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 that no 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

February 1, 2023

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.