

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CRESCENT MEDICAL CENTER

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-23-0344-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

October 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 18, 2021	Codes 23430, 23472 and C1776	\$35,834.33	\$0.00
Total		\$35,834.33	\$0.00

This bill was originally billed as inpatient. It delivered certified on 4/12/21. The original bill rejected due to missing principal procedure in box 74. A reconsideration was faxed on 4/26/21. The reconsideration denied stating absence or precertification/authorization. It took SORM over 3 months to tell me what was actually wrong with my bill.

Amount in Dispute: \$35,834.33

Respondent's Position

The Office performed an in-depth review of the dispute packet submitted by the Crescent Medical Center Lancaster and will maintain our original denials of 197-Payment denied/ reduced for absence of Preauthorization and respectfully request this medical fee dispute be dismissed due to it is not eligible for a review under 28 TAC Rule §133.307 (c)(1) as the requestor has failed to submit a request for medical dispute resolution within 1 yr from date of service as the request was received by Division on October 12, 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 TAC §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:

- 197 – Payment denied/ reduced for absence of precertification/preauthorization
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- W3 – Reporting purposes only

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 18, 2021. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 12, 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

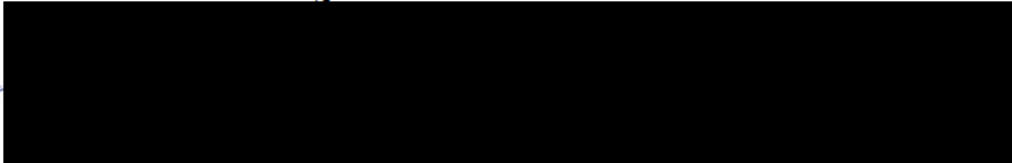
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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



December 1, 2022

Date

Signature

Medical Fee Dispute Resolution Officer

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.