



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Transmountain

Respondent Name

Amerisure Mutual Insurance Co

MFDR Tracking Number

M4-23-0355-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 7, 2021	250	\$3142.00	\$0.00
October 7, 2021	278	\$65568.90	\$0.00
October 7, 2021	360	63764.00	\$0.00
October 7, 2021	370	7956.00	\$0.00
October 7, 2021	636	4791.00	\$0.00
October 7, 2021	710	5532.00	\$0.00
October 7, 2021	Amount paid	\$7781.71	\$0.00
October 7, 2021	Work Comp Adjustment	-135579.01	\$0.00
Total		\$7393.18	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury, The Hospital provided the medically necessary services on the above dates of service. The Hospital billed Amerisure, but the bill was underpaid. The Hospital requested Amerisure review the underpayment and issue proper payment. However, despite the Hospital's efforts and Requestor for Reconsideration, Amerisure has not issued payment."

Amount in Dispute: \$7393.18

Respondent's Position

"We have reviewed the request and re-audited the hospital bill. We have allowed an additional \$2,274.35 for the 10-7-21 date of service."

Response submitted by: Amerisure Insurance

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:

- W3 – Reporting purposes only
- W7 – Payment of interest/penalty to provider
- 197 – Payment denied/reduced for absence of precertification/preauthorization

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking additional reimbursement for outpatient hospital services rendered in October 2021. 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 division 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 October 7, 2021. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on October 11, 2022. Review of the submitted documentation found insufficient evidence to support the claim that an exception described in the above rule exists. The requestor has waived their right to MFDR.

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

Signature	Medical Fee Dispute Resolution Officer	May 17, 2023 Date
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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.