

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
CRESCENT MEDICAL  
CENTER

**Respondent Name**  
TRAVELERS CASUALTY & SURETY CO

**MFDR Tracking Number**  
M4-23-0369-01

**Carrier's Austin Representative**  
Box Number 05

**DWC Date Received**  
October 13, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 10, 2020	Codes 23412 and C1713	\$6,038.65	\$0.00
<b>Total</b>		\$6,038.65	\$0.00

### Requestor's Position

Requestor did not provide a position statement.

**Amount in Dispute:** \$6,038.65

### Respondent's Position

This request for Medical Fee Dispute Resolution should be dismissed in accordance with Rule 133.307(f)(3)(D) as this claim is enrolled in the carrier's certified healthcare network and this is a network provider. Consequently, this request does not qualify for Medical Fee Dispute Resolution under rule 133.305 (a)(4).

Furthermore, this request for Medical Fee Dispute Resolution should be dismissed as the provider failed to timely file the request within one year of the date of service as required by Rule 133.307(c)(1).

**Response Submitted by:** Travelers

## 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:

- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement
- 877 – Reimbursement is based on the contracted amount
- T113 – Paid per invoice cost plus any applicable state markup

### Issues

1. Did the requestor waive the right to medical fee dispute resolution?
2. Is CRESCENT MEDICAL CENTER eligible for DWC medical fee dispute resolution for the service in question?

### 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 January 10, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 13, 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.

2. The authority of DWC to apply Texas Labor Code statutes and rules, including 28 TAC §133.307, is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305.

DWC is authorized to resolve non-network and certain out-of-network medical fee disputes. Fee disputes for health care delivered through a network certified under Chapter 1305 of the TIC are considered complaints as defined by TIC Sec. 1305.004(5).

Documentation found indicates that the health care in dispute was delivered through the First Health/ Travelers healthcare network. For this reason, DWC does not have jurisdiction over this medical fee dispute.

### Conclusion

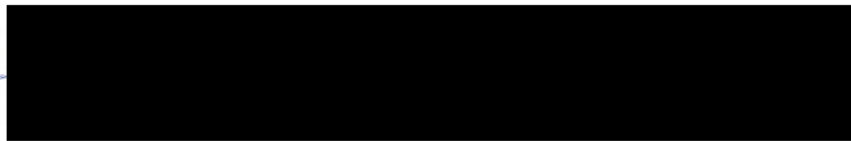
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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**



November 4, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).