

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

PROVIDENCE HOSPITAL

**Respondent Name**

NEW HAMPSHIRE INSURANCE CO

**MFDR Tracking Number**

M4-23-0497-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 24, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2021	Hospital Outpatient	\$3,593.14	\$0.00
<b>Total</b>		\$3,593.14	\$0.00

"This letter serves as a formal second level appeal in response to your continued denial of reimbursement for inpatient services provided to a member of your plan. Our facility provided medically necessary service to this person as ordered by a credentialed physician."

**Amount in Dispute:** \$3,593.14

### Respondent's Position

"The provider filed a DWC-60 seeking medical fee dispute resolution for the Division on October 24, 2022. The provider's dates of service as identified in its DWC-60 would cover dates of September 21 and September 22, 2021.

Yet, the provider was required to file its request for medical fee dispute resolution no later than one year following the date of service. See Division Rule 133.307(c)(1)(A). The provider not having to timely filed its request for medical fee dispute resolution has failed to properly appeal the bill."

**Response Submitted by:** Flahive Ogden & Latson

## 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:

- 5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests, submit a copy of this EOR or clear notation
- 90202 – Previously paid, payment for its claim/service may have been provide in a previous payment
- 5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests submit a copy of the EOR or clear notation that a recon is
- B13 – Previously paid. Payment for this claim/service may have been provide in a previous payment
- 247 – A payment or denial has already been recommended for this service

### 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 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 September 22, 2021. The request for medical fee dispute resolution was received on October 24, 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

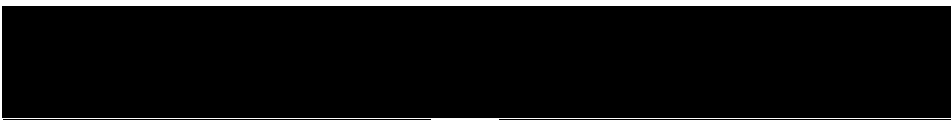
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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

December 21, 2022

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).