

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Northeast Baptist Hospital

Respondent Name

City Public Service Board of San Antonio

MFDR Tracking Number

M4-23-0546-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

November 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2021	A9150	0.00	\$0.00
July 1, 2021	C1781	\$2007.24	\$0.00
July 1, 2021	82962-QW	0.00	\$0.00
July 1, 2021	49650-50	0.00	\$0.00
July 1, 2021	01999	0.00	\$0.00
July 1, 2021	710	0.00	\$0.00
Total		\$2007.24	\$0.00

Requestor's Position

"Northeast Baptist is requesting BROADSPIRE review implantable TDI-DWC rules; updated claim and reprocess and issue the additional \$2,129.75 due on Outpatient Implantables."

Amount in Dispute: \$zz

Respondent's Position

"Provider has since sent in and certified costs in their petition (p14) showing two units of mesh with provider acquisition cost of \$450.43 each. Each of these units was billed at a charge amount of \$4,203 according to the itemized bill (p.11). Based on the billing and the certification of cost which only notes those two devices with pricing marked with stars and costs had written, we do

not feel as though the allowance needs to be increased in any way. In fact, applying the cost plus 10% allowed under Texas WC fee rules the allowance should decrease to \$990.95.”

Response submitted by: Carisk Partners

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 the payment for the disputed services with the following claim adjustment codes:

- 790 – This charge was reimbursed to the Texas Medical Fee Guideline
- AA3 Surgical implants are reviewed separately by Carisk. Direct inquiries related to surgical implants to 888-665-7739
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup

Issues

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

Findings

1. The requestor is seeking additional reimbursement of implants rendered as part of an outpatient hospital procedure done in July 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 July 1, 2021. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on November 1, 2022.

Review of the submitted documentation was insufficient to support an exception to the timely filing requirement.

The requestor has waived the 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 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 13, 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. 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.