

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MISSION TRAIL BAPTIST HOSPITAL

**Respondent Name**

BROTHERHOOD MUTUAL INSURANCE

**MFDR Tracking Number**

M4-23-0559-01

**Carrier's Austin Representative**

Box Number 04

**DWC Date Received**

October 31, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 04, 2021	Codes C1713 and C1776	\$7,700.00	\$0.00
<b>Total</b>		<b>\$7,700.00</b>	<b>\$0.00</b>

Requestor did not provide a position statement.

**Amount in Dispute:** \$7,700.00

### Respondent's Position

Brotherhood respectfully request this Division to dismiss this request for MFDR as the request for resubmission was not timely submitted.

**Response Submitted by:** The Law Office of Ricky D Green PLLC

### 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:

- 305 – The implant is included in this billing and is reimbursed at the higher percentage calculation
- 370 – This Hospital Outpatient allowance was calculated according to the APC rate plus a markup
- 616 – This code has a status Q APC indicator is packaged into other APC codes that have been identified by CMS
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- 97 -The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- P12 – Workers Compensation Jurisdictional fee schedule adjustment

## 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.

(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;

The date of the services in dispute is October 04, 2021. The request for medical fee dispute resolution was received in the division on October 31, 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

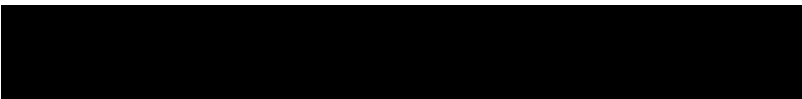
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

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**

### **Order**



December 9, 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).