

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
SCENIC MOUNTAIN
MEDICAL CENTER

Respondent Name
PACIFIC EMPLOYERS INSURANCE CO

MFDR Tracking Number
M4-23-0766-01

Carrier's Austin Representative
Box Number 15

DWC Date Received
November 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 14, 2021	Hospital Outpatient	\$674.88	\$0.00
Total		\$674.88	\$0.00

"This initial bill denied for lacking authorization despite being an emergency visit. Account was initially sent to Medicare, work comp information was obtained on 3/2/22 and immediately sent to ESIS."

Amount in Dispute: \$674.88

Respondent's Position

The carrier did not submit a position statement regarding the DWC-060 dispute request submitted.

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 or denied] the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired
- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service
- 3 – Not approved provider
- 4 – Treatment not authorized
- 5 – Denied pending medical documentation/per statute medical records must accompany bill
- 1 – CMS OPPS STVX packaged service is packaged into the payment for this service(s) which states indicator S,T,V or X and no separate payment is made for the TVX packaged service
- 5 – Treatment no authorized
- 6 – Denied pending medical documentation statute medial records must accompany bill

Issues

1. Did the insurance carrier respond to the DWC-60 request?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The Austin carrier representative for Pacific Employers Insurance Co is Downs & Stanford PC. Downs & Stanford PC was notified of this medical fee dispute on December 6, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. 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 November 14, 2021. The request for medical fee dispute resolution was received on November 29, 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

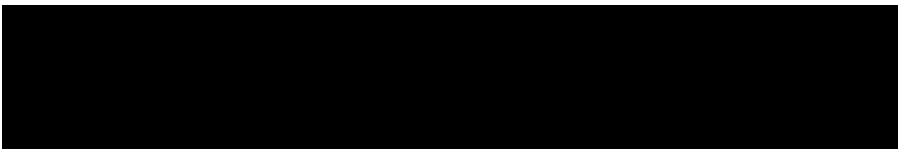
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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



January 13, 2023

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.

