

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
CRESCENT MEDICAL
CENTER

Respondent Name
CITY OF DALLAS

MFDR Tracking Number
M4-23-0779-01

Carrier's Austin Representative
Box Number 53

DWC Date Received
December 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 27, 2021	Outpatient Service	\$2706.00	\$0.00
	Total	\$2706.00	\$0.00

"We are requesting [sic] a reconsideration on this bill for underpayment. The expected allowed was \$6,612.74 according to the work comp schedule. The actual allowed was \$3,906.74. Please reprocess and pay the additional \$2,706.00."

Amount in Dispute: \$2,706.00

Respondent's Position

"We are in receipt of the Medical Dispute Resolution concerning claimant [injured worker] from Crescent Medical Center for date of service 07/27/21. The request for recommendation on dates of service 7/27/21 is past the time frame for requesting MDR.

Response Submitted by: IMO

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:

- 176 – Modifier 27/TC represents the technical component of services performed
- 222 – Charge exceeds Fee Schedule allowance
- 411 – National correct coding initiative edit – either mutually exclusive of or integral to another service performed on the same day
- 785 – Items and/or services are package into APC rate. Therefore, there is no separate APC payment
- 881 – Charges in considered inclusive in the facility rate
- ANSI236 – 236 – This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to the NCCI edits or work comp rate reg/fee schedule requirements
- ANSI97 – 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- ANSIP12 – Workers compensation jurisdictional fee schedule adjustment
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title

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 July 27, 2021. The request for medical fee dispute resolution was received on December 1, 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



December 16, 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.

