

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

HILL REGIONAL HOSPITAL

Respondent Name

STATE OFFICE OF RISK MANAGEMEN

MFDR Tracking Number

M4-23-0801-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

December 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 02, 2021	Hospital Outpatient Service	\$6,831.52	\$0.00
Total		\$6,5831.52	\$0.00

"We are submitting a MFDR, because our entire claim has been denied by the SORM. SORM rejected our claim on 7/20/21 for missing information. We made a call for bill status on 8/17/21. We were told that the bill was in process. We were never aware that the bill was rejected. On 4/1/22 we requested the eob, and that is when were told it rejected. We feel this bill should be paid due to an error made by SORM. This was also during the COVID pandemic, so we ask that timely filing issues be waived."

Amount in Dispute: \$6,831.52

Respondent's Position

"Furthermore, the medical bill does not meet the criteria to waive timely filing due to Covid emergency as outlined under Bulletin # B-0010-20 as the tolling period expired on March 1, 2021.

The office respectfully requests this medical fee dispute be dismissed due to it is not eligible for a review pursuant to 28 TAC Rule §133.307 (c)(1) as the requestor has failed to submit a request

for medical dispute resolution within 1 year from the date of service as the request was received by Division on December 6, 2022.”

Response Submitted by: State Office of Risk Management

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
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- W3 – Reporting purposes only

Issues

1. Does the dates of service apply to Bulletin # B-0010-20?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. Review of the disputed services in dispute are July 2, 2021. In the requestor position statement the requestor states the dates are during the COVID pandemic and timely filing issues be waived.

Bulletin # B-0010-20 (Coronavirus COVID 19- workers compensation issues) effective March 13, 2020 with deadlines lifted expiring effective March 1, 2021. The dates of service in dispute are after the deadline expired. Therefore, the Bulletin referenced does not apply.

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 July 02, 2021. The request for medical fee dispute resolution was received on December 6, 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

[Handwritten Signature]

[Redacted Signature]

Signature

Medical Fee Dispute Resolution Officer

January 20, 2023

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.