



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Memorial Hospital

Respondent Name

TPCIGA for Paula Insurance Co

MFDR Tracking Number

M4-23-1095-01

Carrier's Austin Representative

Box Number 50

DWC Date Received

January 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/30-2021 – 01/06/2022	0111	13212.00	\$0.00
	0250	22896.92	\$0.00
	0278	258872.08	\$0.00
	0300	21602.00	\$0.00
	0320	1647.00	\$0.00
	0360	228794.00	\$0.00
	0370	32966.00	\$0.00
	0420	1178.00	\$0.00
	0424	1128.00	\$0.00
	0430	2177.00	\$0.00
	0460	253.00	\$0.00
	0636	76.00	\$0.00
	0710	6086.00	\$0.00
	0730	786.00	\$0.00
	0771	140.00	\$0.00
	Payments	-44072.20	\$0.00
	WC Adjustments	-538952.70	\$0.00
	Total	\$9002.10	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed TX Property and Casualty, but the bill was denied. The Hospital requested TX Property and Casualty review the denial and issue payment. However, despite the Hospital's efforts and Request for Reconsideration, TX Property and Casualty has not issued payment,"

Amount in Dispute: \$9002.10

Respondent's Position

TPCIGA supports the position statement provided by our medical review vendor Review Med, please see attached."

Response Submitted by: Texas Property & Casualty Insurance Guaranty Association

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.
2. 28 Texas Administrative Code §134.404 sets out the acute care hospital fee guideline for inpatient services.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 4157 – Outlier payment applied to covered
- 4896 – Payment made per Medicare's IPPS methodology, with the applicable state markup
- P12 – Worker's compensation jurisdictional fee schedule adjustment

Issues

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

Findings

1. The requestor is seeking additional reimbursement for an inpatient hospital stay that included a surgery that spanned from December 30, 2021 to January 6, 2022.

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 December 30, 2021, through January 6, 2022. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on January 11, 2023. Insufficient evidence was found to support an exception as described above,

The DWC finds the requestor has waived their 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 requester 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

February 23, 2023

Date

Signature

Medical Fee Dispute Resolution Officer

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.