



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VHS Brownsville Hospital

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-23-1805-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
08/13/2021	Outpatient Hospital Services	\$27,091.00	\$0.00

Requestor's Position

*Note that this position statement is taken from Requester's Appeal Request.

"The above referenced claim was denied due to untimely filing. We did not receive accurate insurance information at the time of service from your member and recently learned that you are the correct payor. The facility made a good faith attempt to file our claim for medically necessary services within the specified timeframe. Based on the extenuating circumstances outlined below, we have established sufficient cause for you to reverse your denial for untimely filing and pay the referenced claim(s) at this time. Texas Mutual has denied payment for these charges because this claim was not processed due to their failure to meet the applicable timely claim filing requirement. We billed the claim originally to Solara Hospital on August 19, 2021. We did not receive the correct insurance information until November 29, 2021, and claim was billed to Texas Mutual December 01, 2021."

Amount in Dispute: \$27,091.00

Respondent's Position

"Rule 133.307(c)(1)(A) states, ' ... 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; (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.' Texas Mutual reviewed its claim file and found (B)(i-iii) do not apply. One year from disputed date 9/13/2021. The TDI/DWC date stamp lists the received date as 3/23/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Co.

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 Texas Administrative Code §133.307 sets out the procedures for Medical Fee Dispute Resolution requests.

Denial Reasons

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

- 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95th day after date of service.
- CAC-29 – The time limit for filing has expired.

Issues

1. Is VHS Brownsville Hospital entitled to reimbursement for the disputed services?

Findings

1. VHS Brownsville Hospital is seeking reimbursement for Outpatient Hospital Services on date of service August 13, 2021. The medical fee dispute request form DWC060 was received on March 23, 2023.

28 Texas Administrative Code (TAC) §133.307 (c) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request was filed later than one year after the disputed date of service. Review of the submitted documents finds the disputed service does not involve any of the exceptions listed in TAC §133.307(c)(1)(B).

The division finds that VHS Brownsville Hospital is not entitled to reimbursement.

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.

The division finds that \$0.00 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor, VHS Brownsville Hospital is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

April 12, 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.tas.gov.