



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

HILL REGIONAL HOSPITAL

**Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

**MFDR Tracking Number**

M4-23-1836-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

March 25, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 23, 2022	Code 29515 and 73700	\$613.16	\$0.00
<b>Total</b>		\$613.16	\$0.00

"We are requesting a reconsideration on the attached bill. The bill was initially billed to Triwest. It denied on 4/1/22. On 11/30/22 our facility received a DWC069 with the patient's work comp info. The bill was mailed to SORM on 12/2/22. The certified mail delivered on 12/5/22. On 1/12/23 we received an RTP letter dated 12/14/22 with a claim stamped received 12/12/22. Box 76 info was missing. In the same email, we received the bill and records with box 76 filled out. We did not know this was work related until we received your DWC069 on 11/30/22. We should have 95 days from the date of the letter to file the claim with SORM."

**Amount in Dispute:** \$613.16

### Respondent's Position

"The Office respectfully requests the Division to dismiss this dispute pursuant to 28 TAC 133.307 (c) (1)(A) as the requestor failed to submit a medical fee dispute within 1 year from the date of service."

**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 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

- 29 – The time limit for filing has expired

### 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 February 23, 2022. The request for medical fee dispute resolution was received on March 25, 2023. 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 28 TAC §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



April 21, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).