

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
METHODIST REHAB
HOSPITAL

Respondent Name
AMERICAN ZURICH INSURANCE CO

MFDR Tracking Number
M4-23-1863-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 12, 2021 to October 16, 2021	Inpatient Hospital Service	\$8,060.91	\$0.00
Total		\$8,060.91	\$0.00

Requestor's Position

"Attached please find resubmission of DWC060 form Medical Fee Dispute Resolution Request form with UB04 and Medical Records attached resubmitted for your consideration. Thank you."

Amount in Dispute: \$8,060.91

Respondent's Position

"This medical dispute concerns services provided by Methodist Rehab Hospital associated with dates of service October 12, 2021/ October 16, 2021. The request for medical dispute resolution is not timely.

Under Division Rule 133.307(c)(1)(A), a Request for Medical Fee Dispute Resolution must be provided within one year of the date of service. IT does not appear Methodist Rehab Hospital's request for medial fee dispute resolution was made until March 31, 2023."

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

- 1 Original DCN 509721228
- 2 This procedure on this date was previously reviewed
- 3 18 – Duplicate claim/service

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 October 12, 2021 to October 16, 2021. The request for medical fee dispute resolution was received on March 31, 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 §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.

