



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health System

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-23-2636-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9 – 15, 2022	Inpatient	\$53,040.53	\$0.00
Total		\$53,040.53	\$0.00

Requestor's Position

"Sedgwick has denied the initial bill and a reconsideration since this emergency room visit was not preauthorized. Per Texas Fee Schedule Guidelines, retro-authorization should have been granted for an emergency. Please take the following facts into consideration when reviewing this fee dispute."

Amount in Dispute: \$53,040.53

Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 6/14/2023 as evidenced by the date stamp on the DWC-60. The dates of service in dispute are 2/9/2022-2/15/2022, and the attached EOBs do not reflect any extent, liability or medical necessity issues. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service."

Response submitted by: Downs Stanford, P.C.

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.
2. [28 TAC §133.20](#) sets out the billing requirements of professional medical claims.

Denial Reasons

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

- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5050 – Claim is denied. No payment will be made.
- 5094 – DWC requires request for reconsideration or corrected claims to be submitted within 10 months of the date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 – The time limit for filing has expired.
- P4 – Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment
- W3 – Bill is a reconsideration or appeal.

Issues

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

Findings

1. The requestor is seeking payment for inpatient hospital services rendered in February 2022. The submitted Explanation of Review with a print date of April 27, 2023 indicates the claim was

denied for timely filing and compensability.

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;

Review of the submitted documentation found the reconsideration contained a denial of non-compensable.

However, insufficient evidence was found to support this request for MFDR was filed within 60 days after the requestor received the final decision based on compensability as required by the applicable DWC rule.

No payment is recommended.

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 entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 27, 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.