



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hendrick Medical Center

Respondent Name

Tx Public School WC Project School Co

MFDR Tracking Number

M4-23-2687-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

June 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 25, 2022 through May 1, 2022	Room-Board	\$10116.10	\$0.00
April 25, 2022 through May 1, 2022	Intensive Care	\$5897.58	\$0.00
April 25, 2022 through May 1, 2022	Pharmacy	\$2313.75	\$0.00
April 25, 2022 through May 1, 2022	Drugs/Radiology	\$788.19	\$0.00
April 25, 2022 through May 1, 2022	Med Sur Supplies	\$107.35	\$0.00
April 25, 2022 through May 1, 2022	Sterile Supply	\$11200.66	\$0.00
April 25, 2022 through May 1, 2022	Prosthetic Device	\$529.53	\$0.00
April 25, 2022 through May 1, 2022	Implants	\$452.79	\$0.00

April 25, 2022 through May 1, 2022	Laboratory	\$12254.66	\$0.00
April 25, 2022 through May 1, 2022	Lab/Chemistry	\$5086.12	\$0.00
April 25, 2022 through May 1, 2022	Lab/Hematology	\$394.20	\$0.00
April 25, 2022 through May 1, 2022	Diagnostic Radiology	\$1646.05	\$0.00
April 25, 2022 through May 1, 2022	Chest X-Ray	\$4237.66	\$0.00
April 25, 2022 through May 1, 2022	CT Scan	\$5106.30	\$0.00
April 25, 2022 through May 1, 2022	Surgical Services	\$16107.70	\$0.00
April 25, 2022 through May 1, 2022	Anesthesia	\$3711.08	\$0.00
April 25, 2022 through May 1, 2022	Ultrasound	\$7261.13	\$0.00
April 25, 2022 through May 1, 2022	Respiratory Services	\$26768.95	\$0.00
April 25, 2022 through May 1, 2022	Inhalation Therapy	\$755.38	\$0.00
April 25, 2022 through May 1, 2022	Physical Therapy	\$732.18	\$0.00
April 25, 2022 through May 1, 2022	Occupational Therapy	\$732.56	\$0.00
April 25, 2022 through May 1, 2022	Occupational Therapy	\$597.13	\$0.00
April 25, 2022 through May 1, 2022	Speech Pathology	\$2237.89	\$0.00
April 25, 2022 through May 1, 2022	Pulmonary Functions	\$5406.31	\$0.00
April 25, 2022 through May 1, 2022	Drugs/Detail Code	\$6111.40	\$0.00
April 25, 2022	EKG/ECG	\$449.84	\$0.00

through May 1, 2022			
April 25, 2022 through May 1, 2022	Treatment Room	\$6905.92	\$0.00
April 25, 2022 through May 1, 2022	Educ/Training	\$283.10	\$0.00
Total		\$138,721.78	\$0.00

Requestor's Position

“This bill was received by Creative Risk Funding on 6/24/2022 and denied on 8/05/2022 due to payer deems the information submitted does not support this level of service. We received a returned call from adjuster Kirby Normand on 8/16/2022 advising that the only accepted diagnosis is (redacted). Adjuster advised that the patient was admitted for a throat related issue that occurred during surgery on the covered body part and that workers comp would cover the throat related issues as well and provided reference of 032212. ...Finally, was able to speak with a supervisor by the name of Kelly on 1/05/2023 and she advised to submit appeal notating what the adjuster had detailed for review. The appeal was faxed to Creative Risk on 1/6/23. The appeal was received on 1/6/2023 and denied 1/24/23 for the same reason as the initial bill and noted that ICD10 (redacted) is not grouped with DRG 004.”

Amount in Dispute: \$138,721.78

Respondent's Position

“Initially, CRF contends that Hendrick’s request for medical dispute resolution was filed with the Division of Workers’ Compensation more than one year after the date of service in question and therefore is untimely. Alternatively, CRF contends that Hendrick was in possession of essential information it needed to properly submit its bills to CRF in this workers’ compensation claim but failed to correct its bill in a timely manner.”

Response submitted by: Creative Risk Funding

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

[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:

- 150 – Payer deems the information submitted does not support this level of service.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- P12 – Workers Compensation jurisdictional fee schedule adjustment.
- W3- Reconsideration/Appeal.
- 16 – Claim/service lacks information or has submission/billing error(s).
- Notes: Medical billing admitting diagnosis is not specific enough for the medical billing diagnosis not appropriate for DRG submitted. Medical billing error. Please review.

Issues

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

Findings

1. The requestor is seeking payment of inpatient hospital services rendered on April 25, 2022 through May 1, 2022. The insurance carrier denied the disputed services as submitted information does not support the level of service.

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 April 25, 2022 through May 1, 2022. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 21, 2023. Review of the submitted documentation found insufficient evidence to support an exception as detailed above. 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 14, 2023
Signature	Medical Fee Dispute Resolution Officer	Date

_____	_____	July 14, 2023
Signature	Director Medical Fee Dispute Resolution	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.