

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PROVIDENCE MEMORIAL HOSPITAL

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-23-2718-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2021	Code 73221-LT	\$413.36	\$0.00
Total		\$413.36	\$0.00

Requestor's Position

"This claim has a service date of 10/25/2021. The patient initially presented as self-pay and it was only 10/28/21. We found out that the patient has WORKERS COMP. It was billed to your office on 10/29/21. Hence, this claim was billed timely."

Amount in Dispute: \$413.36

Respondent's Position

"The provider filed a DWC-60, seeking medical fee dispute resolution for date of service of October 25, 2021. The provider is not entitled to medical fee dispute resolution. The DWC-60 should have been filed within one year of the date of service, but it was not filed with DWC until June 20 of 2023, almost 8 months after the provider's deadline had passed. The one year deadline is set out in Rule 133.307(c)(1)(A). The failure of the provider to timely file a request for medical fee dispute resolution prevents the provider from being entitled to medical fee dispute resolution."

Response Submitted by: Flahive Ogden & Latson

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:

- 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
- P00C – Internal use only
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- W3 – Bill is a reconsideration or appeal
- QA – other adjustment

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 25, 2021. The request for medical fee dispute resolution was received on June 20, 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.

DWC finds that no 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 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. 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 electronico CompConnection@tdi.texas.gov.