



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Memorial Hospital

Respondent Name

El Paso Water Board

MFDR Tracking Number

M4-23-2721-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2022	0250	\$1743.00	\$0.00
May 5, 2022	0278	\$82187.00	\$0.00
May 5, 2022	0300	\$90.00	\$0.00
May 5, 2022	0360	\$25183.00	\$0.00
May 5, 2022	0370	\$4118.00	\$0.00
May 5, 2022	0636	\$4055.00	\$0.00
May 5, 2022	0710	\$6512.00	\$0.00
May 5, 2022	WORK COMP ADJUSTMENTS	\$-104274.89	\$0.00
Total		\$19613.11	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed CLAIMS ADMINISTRATOR, but the bill was denied. The Hospital requested CLAIMS ADMINISTRATOR to review this denial and issue proper payment. However, despite the Hospital's efforts and Request for Reconsideration, CLAIMS ADMINISTRATOR has not issued proper payment."

Amount in Dispute: \$19613.11

Respondent's Position

"The initial receipt of this bill was 8/9/2022, and on 8/12/2022, services were denied for timely filing. On 9/6/2022, a reconsideration was received and on 9/12/2022, the original denial was maintained. On 5/8/2023 another reconsideration was received and on 5/10/2023, the original denial was maintained in addition to denial for timely filing of a reconsideration."

Response submitted by: Claims Administrative Services, Inc.

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:

- 350 – Bill has been identified as a request for reconsideration or appeal
- 719 – Per Rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service
- 29 – The time limit for filing has expired
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

Issues

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

Findings

1. The requestor is seeking payment for professional medical services rendered in May of 2022. The insurance carrier denied the disputed services as claim not submitted timely.

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 May 5, 2022. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 23, 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 requestor 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

		July 27, 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 electrónico CompConnection@tdi.texas.gov.