



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nacogdoches Medical Center Hospital

Respondent Name

Standard Fire Insurance Co.

MFDR Tracking Number

M4-23-2754-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

June 28, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
1/8/2021	177 - inpatient hospital services	\$2,104.69	\$0.00

Requestor's Position

"We have received payment in the amount of \$19,402.15 with \$00.00 as patient responsibility. We are requesting an additional \$2,104.69... Please review our supporting documentation and reprocess the claim. We expect that you will remit payment due within ten (10) business days."

Amount in Dispute: \$2,104.69

Respondent's Position

"THIS REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION SHOULD BE DISMISSED AS THE PROVIDER FAILED TO TIMELY FILE THE REQUEST WITHIN ONE YEAR OF THE DATE OF SERVICE AS REQUIRED BY RULE 133.307 (C)(1)."

Response Submitted by: The Travelers Companies, 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 §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.

Denial Reasons

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

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 4896 - PAYMENT MADE PER MEDICARE'S IPSS METHODOLOGY, WITH THE APPLICABLE STATE MARKUP.

Issues

1. Is Nacogdoches Medical Center Hospital entitled to additional reimbursement for the disputed services?

Findings

1. Nacogdoches Medical Center Hospital is seeking additional reimbursement for inpatient hospital services rendered on date of service January 8, 2021. The medical fee dispute request form DWC060 was received on June 28, 2023. 28 Texas Administrative Code (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request was filed later than one year after the disputed date of service. Review of the submitted documents finds the disputed services do not involve any of the exceptions listed in 28 TAC§133.307(c)(1)(B).

The division finds that Nacogdoches Medical Center Hospital is not entitled to additional reimbursement.

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.

The division finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor, Nacogdoches Medical Center Hospital is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature:

July 17, 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.tas.gov.