

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
 HUNT REGIONAL
 MEDICAL CENTER

Respondent Name
 TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
 M4-23-2784-01

Carrier's Austin Representative
 Box Number 54

DWC Date Received
 June 29, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 27, 2022	Hospital Outpatient	\$581.24	\$0.00
Total		\$581.24	\$0.00

"On May 27, 2022, [injured worker] ('Patient') presented to Hunt for treatment of a work related injury that was sustained during this employment with B & A Concrete LLC., and that occurred on [date of injury] On June 10, 2022, Hunt billed the facility claim to Texas Mutual Insurance in the amount of \$14,055.12 (attached as Exhibit A). On July 19, 2022, TML issued an explanation of benefits for claim number [claim number] and a payment in the amount of \$2,049.38 (attached as Exhibit B).

On October 7, 2022 Acretis Revenue Group ('Acretis'), a contracted vendor with Hunt submitted an underpayment reconsideration which was rejected by Texas Mutual due to requesting medical records."

Amount in Dispute: \$581.24

Respondent's Position

"One year from disputed date of service 05/27/2022 would have been 05/27/2023. The TDI/DWC date stamp lists the received date as 06/29/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Workers' Compensation Insurance

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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- CAC-P12 – Workers Compensation Jurisdictional fee schedule adjustment
- CAC-W3 – In accordance with TDI-DW Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-138 – Appeal procedures not followed or time limits not met
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- DC4 – No additional reimbursement allowed after reconsideration. For information call (888) 532-5246
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 630 – This service is packaged with other services performed on the same date and reimbursement is based on a single composite APC rate
- 767 – Paid per O/P FG at 200%; implants not applicable or separate reimbursement (with cert) not requested per Rule 134.403(G)
- 879 – Rule 133.250(B) – health care provider shall submit the request for reconsideration no later than the 10 months from the date of service

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 May 27, 2022. The request for medical fee dispute resolution was received on June 29, 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 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



Signature

Medical Fee Dispute Resolution Officer

July 14, 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.