



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Resolute Health System

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-23-2823-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

July 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 28, 2021	250	\$0.00	\$0.00
July 28, 2021	73130-LT	\$0.00	\$0.00
July 28, 2021	64450-LT	\$1139.92	\$0.00
July 28, 2021	99283-25	\$416.03	\$0.00
July 28, 2021	90715	\$0.00	\$0.00
July 28, 2021	90471	\$0.00	\$0.00
Total		\$1,555.95	\$0.00

Requestor's Position

"The requestor did not submit a position statement with this request for MFDR but did submit a copy of their reconsideration that states, "Please allow this letter to serve as a formal reconsideration. The above reference claim was denied for untimely filing. Every effort is made at the time of service to obtain complete and accurate insurance information from your member in order to submit the claim in a timely manner and collect payment for the above reference services. Occasionally circumstances beyond the control of our organization occur and, in this case, initial claim was sent to TEXAS MUTUAL on 6/20/22."

Amount in Dispute: \$1,555.95

Respondent's Position

"One year from disputed date 07/28/2021 would have been 07/28/2022. The TDI/DWC date stamp lists the received date as 07/10/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR. Our position is that no payment is due."

Response submitted by: Texas Mutual

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:

- CAC-W3 – In accordance with TDI-DWC 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-29 – The time limit for filing has expired.
- 350 – In accordance with TDI-DWC 134.804, this bill has been identified as a request for reconsideration or appeal.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date of service.
- 879 – Rule 133.250(B) – Healthcare provider shall submit the request for reconsideration no later than 10 months from the date of service.
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issues

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

Findings

1. The requestor is seeking payment for outpatient hospital services rendered July 2021. The insurance carrier denied the disputed services as not filed 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 service in dispute is July 28, 2021. The request for medical dispute resolution was received by the Division on July 10, 2023. Review of the submitted documentation found insufficient evidence to support that any of the exception as detailed above we met. The DWC finds, that 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 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

_____	_____	August 3, 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.