

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

METHODIST CHARLTON
MEDICAL CENTER

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-23-2944-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

July 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2022 through June 23, 2022	Inpatient Facility Charges	\$24,964.94	\$0.00
Total		\$24,964.94	\$0.00

Requestor's Position

"This bill and appeal have been underpaid."

Amount in Dispute: \$24,964.94

Respondent's Position

Date of service	Date Received	Billed Charges	Denial Reason	Rationale
6/12/22-6/23/22	12/19/2022	\$109,184.94	18-Exact Duplicate	Bill was not filed as a request for reconsideration per 28 TAC Rule 133.250
6/12/22-6/23/22	3/22/2023	\$109,184.94		Returned to the provider as an incomplete medical bill due to Box 76 not including the attending physician's Texas Medical license number.
6/12/22-6/23/22	3/22/2023	\$109,184.94		Returned to the provider as an incomplete medical bill due to Box 76 not including the attending physician's Texas Medical license number.

6/12/22-6/23/22	4/24/2023	\$109,184.94		Returned to the provider as an incomplete medical bill due to Box 76 not including the attending physician's Texas Medical license number.
6/12/22-6/23/22	5/8/2023	\$109,184.94	29-Time limit for filing has expired.	Bill received on the 319 th day of discharge date.

Response Submitted by: SORM

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

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:

- 29 – The time limit for filing has expired.
- 18 – Exact duplicate claim/service.
- Note: A request for reconsideration must be submitted no later than 10 months from the date of service per rule 133.250(b).

Issues

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

Findings

The requestor seeks reimbursement for medical services provided on June 12, 2022 through June 23, 2022.

28 TAC §133.307 (c) (1) states in pertinent part, "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.

28 TAC §133.307 (c) (1) (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 disputed service occurred on June 12, 2022 through June 23, 2022. The Division received the

request for medical charge dispute resolution on July 19, 2023. This time period is more than a year following the disputed dates of service.

According to an examination of the provided evidence, the disputed services do not involve any of the issues mentioned in 28 TAC 133.307(c)(1)(B). The Division determines that the requestor forfeited the right to medical fee dispute resolution because they did not timely submit this dispute with the MFDR Section of the Division.

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 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 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.texas.gov.