



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

North East Baptist Hospital

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-23-2990-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 25, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2021	73600-LT	\$0.00	\$0.00
April 13, 2021	29515-LT	\$256.50	\$0.00
April 13, 2021	99283-25	\$420.78	\$0.00
<b>Total</b>		<b>\$677.28</b>	<b>\$0.00</b>

### 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, "We are in receipt of your untimely filing denial for this claim. At the time of service, the patient provided US Department of Labor as the worker's comp carrier and we billed the claim to them. We received correct worker's comp information from the patient on 11.29.2021. We billed the claim to you on 12.17.2021 and this resulted in the denial for untimely filing."

**Amount in Dispute:** \$677.28

### Respondent's Position

"One year from disputed date 04/13/2021 would have been 04/12/2022. The TDI/DWC date stamp lists the received date as 07/25/2023 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-29 – Time limit for filing claim/bill has expired.
- 731 – Per 133.20(B) provider shall not submit a medial bill later than the 95<sup>th</sup> day the service.
- 873 – Rule 133.250(B) – health care provider shall submit the request for reconsideration no later than 10 months from the date of service.
- HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification or 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 emergency room services rendered on April 13, 2021.

The insurance carrier denied the disputed services as 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 April 13, 2021. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on July 25, 2023. Review of the submitted documentation found insufficient evidence to support the submission to the incorrect workers compensation carrier. Documentation does not 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 requester 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**

Signature

## 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).