

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Arrowhead Clinics Inc.

Respondent Name
Texas Mutual Insurance Co.

MFDR Tracking Number
M4-23-3220-01

Carrier's Austin Representative
Box Number 54

DWC Date Received
August 7, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 28, 2022 through July 15, 2022	Inpatient Hospital Services	\$216,296.84	\$0.00
Total		\$216,296.84	\$0.00

Requestor's Position

"Texas Mutual denied a workers compensation claim stating the time limit for filing expired. And appeal was submitted with proof of timely filing, however it was denied stating the original payment decision is maintained. Per the Texas Department of Insurance the filing deadline for Texas workers' compensation medical bills in 95 days from the date of service. The claim was originally billed to Texas Mutual on 7/20/22 however on 8/20/22 we noticed that the claim had been rejected. On 9/30/22 the corrections were made and the claim was mailed on 10/11/22. The claim was billed 88 days from date of discharge which falls under the timely filing deadline. I have attached TDI for DWC060, Texas Mutual EOB's, bill, notes from out[sic] claims processing system, and medical records. Please review and overturn Texas Mutual payment decision and submit the claim for payment."

Amount in Dispute: \$216,296.84

Respondent's Position

"One year from disputed date 6/28/22-7/15/22 is 7/15/23. The TDI/DWC date stamp lists the received date as 8/7/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR. Texas Mutual has reviewed the DWC-60 submitted by ARROWHEAD REGIONAL MEDICAL CENTER. 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-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-29 – Time limit for filing has expired.
- 350 – 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.
- 891 – No additional payment after reconsideration.

Issues

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

Findings

1. The requestor is seeking payment for inpatient hospital services rendered from June 28, 2022 through July 15, 2022. The insurance carrier denied the disputed services as not submitted within ninety-five days.

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 June 28 – July 15, 2022. The request for medical dispute resolution was received at the Division on August 7, 2023.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR, and is therefore not entitled to reimbursement for the services in dispute.

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

Medical Fee Dispute Resolution Officer November 8, 2023
Date

Signature _____
Deputy Commissioner of Health & Safety November 8, 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 electronico CompConnection@tdi.texas.gov.