



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Providence Memorial Hospital

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-23-3342-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

August 30, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 19, 2021	320/73130	Left blank	\$0.00
December 19, 2021	320/73562	Left blank	\$0.00
December 19, 2021	450/99283	Left blank	\$0.00
<b>Total</b>		<b>\$416.00</b>	<b>\$0.00</b>

### Requestor's Position

"We did not receive workers' comp information until 01.24.22. The claim with medical records was mailed on 02.16.2022. Attempts to obtain claim status were made, but we were told no claim was on file. Claim package was mailed again on 04.29.2022. Resulting in a denial for untimely filing."

**Amount in Dispute:** \$416.00

### Respondent's Position

"The disputed date of service 12/19/2021. . . is greater than one year from the TDI/DWC date-stamp of August 30, 2023, listed on the requestor DWC60 packet and has waived its right to DWC MDR."

**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.

## Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- CAC 29 – The time limit for filing has expired.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date of service.

## 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 in December 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 December 19, 2021. The request for medical dispute resolution was received at the Division on August 30, 2023.

Review of the submitted documentation found insufficient evidence to 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 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**

_____	_____	October 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](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)