



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Memorial Hospital

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-24-0043-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
02/28/2022	70450	\$420.56	\$0.00
02/28/2022	99284-25	\$682.14	\$0.00
Total		\$1,102.70	\$0.00

Requestor's Position

"The above reference claim was denied for untimely filing. Occasionally circumstances beyond the control of our organization occur and, in this case, initial claim was sent to Texas Mutual on 3/21/22 and on 8/24/22 our office obtained that no claim was on file. Claim was then sent to TEXAS MUTUAL on 8/30/22."

Amount in Dispute: \$1,102.70

Respondent's Position

"Texas Mutual has reviewed the DWC-60 submitted by TENET HOSPITALS LIMITED. Rule 133.307(c)(1)(A) states, '... 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...' Texas Mutual reviewed its claim file and found (B)(i-iii) do not apply. One year from disputed date of service 02/28/2022 would be 02/28/2023. The TDI/DWC date stamp lists the received date as 09/06/2023 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 Insurance Co.

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 Medical Fee Dispute Resolution requests.

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 95th day after the date of service.

Issues

1. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

Findings

1. The requestor is seeking reimbursement for outpatient facility services rendered on disputed date of service February 28, 2022. The medical fee dispute request form DWC060 was received by the division on September 6, 2023.

28 Texas Administrative Code (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The request was filed later than one year after the disputed date of service. A review of the submitted documents finds that the disputed services do not involve any of the exceptions listed in TAC§133.307(c)(1)(B). DWC finds that the requestor has waived its right to MFDR and is not entitled to reimbursement.

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 that the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor, Providence Memorial Hospital, is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

October 11, 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