



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Sierra

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-24-0347-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

October 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 26, 2019	250	\$0.00	\$0.00
December 26, 2019	73080	\$0.00	\$0.00
December 26, 2019	29105-RT	\$0.00	\$0.00
December 26, 2019	96361	\$67.16	\$0.00
December 26, 2019	96374	\$331.82	\$0.00
December 26, 2019	96375	\$67.16	\$0.00
December 26, 2019	99285	\$0.00	\$0.00
December 26, 2019	J1170	\$0.00	\$0.00
December 26, 2019	J2405	\$0.00	\$0.00
December 26, 2019	J7040	\$0.00	\$0.00
Total		\$466.14	\$0.00

Requestor's Position

The requestor did not submit a position statement with their request for Medical Fee Dispute Resolution (MFDR) they did submit a copy of their reconsideration that states, "After reviewing the payment, we realized that there is an underpayment. According to our participating provider contract, all fees are subject to the negotiated fee. As the contract provides, the expected reimbursement for ER is \$1,635.98. We received payment of \$1,169.84, and we are requesting an additional payment of \$466.14."

Amount in Dispute: \$466.14

Respondent's Position

“The provider filed a DWC 60, seeking Medical Fee Dispute Resolution for a date of service of December 26, 2019. The provider failed to timely file its DWC 60 seeking Medical Fee Dispute Resolution. The provider was required to file its request for Medical Fee Dispute Resolution not later than one year following the date of service. See rule 133.307(c)(1)(A). The provider’s request for Medical Fee Dispute Resolution was not filed with the Division’s until October 10, 2023. Thus the provider’s request for Medical Fee Dispute Resolution was not filed until more than 46 months following the date of service.”

Response submitted by: Flahive, Ogden & Latson

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:

- 00950 – This bill is a reconsideration of a previously reviewed bill. Allowance amounts reflect any changes to the previous payment.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 3390 - Payment of \$0.00 was previously issued for this claim. The payment should have been \$1,169.54.
- 6183 – The charge for the services represented by the revenue code are included/bundled into the total facility payment and do not warrant a separate payment or the PA.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance
- 231 – Mutually Exclusive Procedures cannot be done tin the same/day setting.

Issues

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

Findings

1. The requestor is seeking payment for outpatient emergency room services rendered in December of 2019. The insurance carrier reduced the payment based on the workers' compensation fee schedule.

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 26, 2019. The request for medical dispute resolution was received at the Division on October 10, 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

Signature

Medical Fee Dispute Resolution Officer

November 6, 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 electrónico CompConnection@tdi.texas.gov.