



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

BAPTIST HEALTH SYSTEM

**Respondent Name**

NEW HAMPSHIRE INSURANCE CO

**MFDR Tracking Number**

M4-24-0375-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 13, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 4, 2021 to November 7, 2021	Hospital Outpatient	\$15,251.10	\$0.00
<b>Total</b>		\$15,251.10	\$0.00

### Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed Liberty Mutual, but the bill was underpaid."

**Amount in Dispute:** \$15,251.10

### Respondent's Position

"Additionally, the provider is not entitled to medical fee dispute resolution or if it is[sic], it is to simply determine whether the provider timely filed its DWC-60 seeking medial fee dispute resolution. As noted above, the dates of service ended on November 7, 2021. Yet, the provider did not file its request for medical fee dispute resolution until October 13, 2023, which is approximately 11 months late."

**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.
2. Texas Insurance Code (TIC), Chapter 1305, sets out the guidelines for certified health care networks.

### Denial Reasons

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

- 5917 – Pre-authorization was required, but not requested for this service per DWC Rule 134.600
- CWCH – Coventry Workers Comp Network

### Issues

1. Does the dispute contain certified health care network issues?
2. Did the requestor waive the right to medical fee dispute resolution?

### Findings

1. A review of the documentation provided by the insurance carrier supports the claim that the requestor and the injured employee are both participants in a certified health care network. The requestor filed this medical fee dispute with the Division, asking for resolution pursuant to 28 TAC §133.307, titled *MDR of Fee Disputes*. The authority of the Division of Workers' Compensation to apply Texas Labor Code statutes and rules, including 28 TAC §133.307, is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305.

28 TAC §133.305 (a) (4) defines a medical fee dispute as "A dispute that involves an amount of payment for **non-network** health care rendered to an injured employee that has been determined to be medically necessary and appropriate for treatment of that injured employee's compensable injury. The dispute is resolved by the Division pursuant to Division rules, including §133.307 of this title relating to MDR of Fee Disputes."

The Division defines non-network health care in paragraphs (a) and (6) of the same rule as "health care not delivered or arranged by a certified workers' compensation health care

network as defined in Insurance Code Chapter 1305 and related rules." That is, the Division's medical fee dispute resolution section may address disputes involving health care provided to an injured employee enrolled in an HCN only if the out-of-network health care provider was authorized by the certified network to do so.

The Division finds that this is not an out-of-network situation; rather, the injured employee and the health care provider are both in the network. As a result, the medical fee dispute is not eligible for medical fee dispute resolution review under 28 TAC §133.307.

2. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) 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.

The dates of service in dispute are November 4, 2021 to November 7, 2021. The request for medical fee dispute resolution was received on October 13, 2023. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 Texas Administrative Code §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute; consequently, the requestor has waived the right to medical fee dispute resolution.

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 no 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**



February 2, 2024

Date

Signature

Medical Fee Dispute Resolution Officer

## 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).