



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Valley Baptist Medical Center

Respondent Name

Space Exploration Technologies Corp.

MFDR Tracking Number

M4-24-0429-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2022	96365-XU	\$1362.00	\$0.00
April 13, 2022	99285-25	\$5134.00	\$0.00
Total		\$6496.00	\$0.00

Requestor's Position

"Occasionally circumstances beyond the control of our organization occur. Please note, we did not receive accurate insurance information at the time of service from your member. Multiple attempts were made to obtain verification of coverage from you and we did not obtain this verification until 10.31.2022. Our billed[sic] was mailed on 11.09.2022 which would have been within timely filing."

Amount in Dispute: \$6496.00

Respondent's Position

"Pursuant to Division rule §133.307(c) and (c)(1)(A) a request for MFDR that does not involve issues identified in subparagraph (B) of the paragraph shall be filed no later than one year after the date(s) of service in dispute. A request shall timely file the request with the Division MFDR Section or waive the right to MFDR. Corvel asserts the requestor is entitled to \$0.00

reimbursement for outpatient services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute."

Response submitted by: Corvel

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:

- 234 – This procedure is not paid separately.
- 29 – Time limit for filing claim/bill has expired.
- RN – Not paid under OPPS: services included in APC rate.
- P14 – Payment is included in another svc/procedure occurring on same day.
- RM2 – Time limit for filing claim has expired.
- RZ0 – Status Indicator: Q4 Packaged Lab service.
- W3 – Appeal/reconsideration.

Issues

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

Findings

1. The requestor is seeking payment for emergency room services rendered in an outpatient hospital on April 13, 2022. 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 April 13, 2022. The request for medical dispute resolution was received at the Division on October 20, 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 7, 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.