



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NORTH CENTRAL
SURGICAL HOSPITAL

Respondent Name

CITY OF DALLAS

MFDR Tracking Number

M4-24-0486-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

October 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 31, 2022	Hospital Outpatient	\$5,639.84	\$0.00
Total		\$5,639.84	\$0.00

Requestor's Position

"Please find the enclosed claim that was denied for timely filing. I have attached proof that the claim was filed timely. Please see the attached record showing that this claim was accepted electronically 09/17/22."

Amount in Dispute: \$5,639.84

Respondent's Position

"We are in receipt of the Medical Dispute Resolution concerning this claimant from North Central Surgical Hospital. The request for recommendation on dates of service 08/31/22 received by the division on 11/3/23 is past the time frame for requesting MDR ... Because the requestor failed to file a timely request for dates of service 08/31/22, the requestor waived the right to have the Division adjudicate the dispute."

Response Submitted by: IMO managed care

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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 193 – Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.
- W3 – TDI level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of and adverse determination under Chapter 19, Subchapter U of this title.
- 29 – The time limit for filing has expired.

Issues

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

Findings

1. 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 date of the services in dispute is August 31, 2022. The request for medical fee dispute resolution was received on October 26, 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 §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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature



Signature

Medical Fee Dispute Resolution Officer

January 24, 2024

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.