



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VHS Harlingen Hospital

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-24-0569-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2022	74176	\$444.20	\$0.00
July 26, 2022	96374	\$394.92	\$0.00
July 26, 2022	99285-25	\$100.98	\$0.00
July 26, 2022	Other Emergency Room Visit Charges	\$0.00	\$0.00
Total		\$1,847.10	\$0.00

Requestor's Position

Excerpt from requestor's appeal dated July 17, 2023: "Our facility provided medically necessary services to this person as ordered by a credentialed physician: It is our facility's belief that this inpatient admission was clinically appropriate due to the intensity of medical, nursing, and ancillary services provided to this person, and should be reimbursed accordingly."

Amount in Dispute: \$1,847.10

Respondent's Position

"One year from disputed date of service 07/26/2022 would be 07/26/2023. The TDI/DWC date stamp lists the received date as 11/06/2023 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 (MFDR) requests.

Denial Reasons

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

- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 40 – CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.
- 138 – APPEAL PROCEDURES NOT FOLLOWED OR TIME LIMITS NOT MET.
- DC4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 879 – RULE 133.250(B)- HEALTH CARE PROVIDER SHALL SUBMIT THE REQUEST FOR RECONSIDERATION NO LATER THAN 10 MONTHS FROM THE DATE OF SERVICE.
- 899 - DOCUMENTATION AND FILE REVIEW DOES NOT SUPPORT AN EMERGENCY IN ACCORDANCE WITH RULE 133.2.

Issues

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

Findings

1. The requestor is seeking reimbursement for emergency medical services rendered on disputed date of service, July 26, 2022. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on November 6, 2023.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "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 disputed date of service is July 26, 2022. On November 6, 2023, the division received the DWC060 request form. The disputed services do not meet any of the exceptions specified in 28 TAC §133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for medical fee dispute resolution was submitted for review.

According to DWC, the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

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 requestor 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:

November 28, 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