

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

HENDRICK MEDICAL CENTER

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-24-0599-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

November 10, 2023

### Summary of Findings

| Dates of Service | Disputed Services      | Amount in Dispute  | Amount Due    |
|------------------|------------------------|--------------------|---------------|
| July 01-02, 2022 | Hospital<br>Outpatient | \$37,406.51        | \$0.00        |
| <b>Total</b>     |                        | <b>\$37,406.51</b> | <b>\$0.00</b> |

"The above-referenced claim was referred to Knowton Health for pursuit of resolution on behalf of HENDRICK HEALTH SYSTEM. The claim was not paid as expected due to a denial by TEXAS MUTUAL."

**Amount in Dispute:** \$37,406.51

### Respondent's Position

"The disputed date of service 07/01/2022 to 07/02/2022 is greater than one year from the TDI/DWC date-stamp of November 10, 2023, listed on the requestor DWC60 packet and has waived its right to DWC MDR."

**Response Submitted by:** Texas Mutual Workers' Compensation Insurance

### 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:

- CAC-P12 Workers' Compensation Jurisdictional Fee Schedule Adjustment
- CAC-29 The time limit for filing has expired
- CAC-97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 217 The value of this procedure is included in the value of another procedure performed on this date
- 731 Per 133.20(B) Provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service
- 892 Denied in accordance with DWC Rules and/or medical fee guidelines including current CPT code descriptions/instructions
- 928 HCP must submit documentation to support exception to timely filing of bill (408.0272) notification of erroneous submission
- CAC-W3 In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- DC4 No additional reimbursement allowed after reconsideration. For information call (888) 532-5246
- 350 In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

## 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 July 01, 2022 to July 02, 2022. The request for medical fee dispute resolution was received on November 10, 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

November 21, 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](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).