

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-24-0678-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

November 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 27, 2022 and May 2, 2022	Codes 73600, 73610, 73590 and 99285	\$1,398.06	\$0.00
Total		\$1,398.06	\$0.00

Requestor's Position

"Doctors Hospital at Renaissance is kindly requesting that the above claim be processed and paid in accordance with Labor Code 408.0272 (2)(c)(1) and not denied as past timely filing. [Injured employee] was admitted through Trauma and only presented BCBS insurance card ... Bill was submitted and denied on September 5, 2023 denied for Past Filing Deadline."

Amount in Dispute: \$1,398.06

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Doctor's Hospital at Renaissance the Office reviewed the BCBS refund request as submitted in the dispute packet. This document is dated January 12, 2023. Under Labor Code 408.0272 the health care provider must submit the medical bill to the correct carrier within 95 days from the date they were notified that the services were work-related. The disputed charges would have had to be submitted to the Office on or before April 17, 2023."

Response Submitted by: SORM

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:

- 29 – The time limit for filing has expired
- Note: Per rule 133.20; a healthcare provider shall not submit a medical bill later than the 95th day after the date the services are provided. Please resubmit to include documentation that satisfies the two exceptions in Texas Labor Code 408.0272(b)(c) or (d) to substantiate the timely filing criteria was met
- 193 – Original payment decision is being maintained upon review it was determined that this claim was processed properly
- W3 – Reporting purposes only

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 April 27, 2022 and May 2, 2022. The request for medical fee dispute resolution was received on November 20, 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

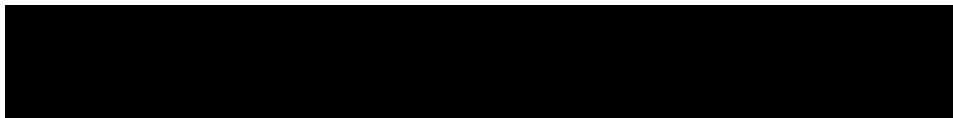
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds that no 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



December 7, 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.