



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Valley Baptist Medical Center

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-0766-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

November 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 23, 2021	71045	\$145.46	\$0.00
April 22, 2021	99285	\$938.72	\$0.00
Total		\$1,084.18	\$0.00

Requestor's Position

"The requestor did not submit a position statement with this request for Medical Fee Dispute Resolution (MFDR). They did submit a copy of their reconsideration dated August 18, 2023 which states, "We are in receipt of your untimely filing denial for this claim. Multiple attempts were made to bill this claim, but each time, the bill with either not received or it was returned with errors. Correct billing was sent on 07/18/202[sic], which resulted in the untimely filing denial."

Amount in Dispute: \$1,084.18

Respondent's Position

"To date, the Office has not received sufficient evidence to support the exceptions as outlined in Labor Code §408.0272 for the waiver of timely filing. Furthermore, The Office respectfully requests the Division to dismiss this dispute according to 28 TAC §133.307 (c)(1)(A) as the requestor has failed to submit a medical fee dispute within 1 year from the date of service as the dispute shows to be received on 11/13/2023 by the Division."

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.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- Note: A request for reconsideration must be submitted no later than 10 months from the date of service per rule 133.250(b).

Issues

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

Findings

1. The requestor is seeking payment for outpatient hospital services rendered in April of 2021. The insurance carrier denied the claim at the original adjudication and reconsideration as claim not submitted within 95 days from the date of service.

DWC Rule 28 TAC §133.307(by the Dc)(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 22-23, 2021. The request for medical dispute resolution was received at the Division on November 13, 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	December 11, 2023 Date
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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.