TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
VHS Harlingen Hospital

Respondent Name
State Office of Risk Management

MFDR Tracking Number
M4-24-0998-01

Carrier's Austin Representative
Box Number 45

DWC Date Received
January 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 11, 2021 – October 17, 2021	0206	$61,616.00	$0.00
August 11, 2021 – October 17, 2021	0214	$250,880.00	$0.00
August 11, 2021 – October 17, 2021	0250	$13,1847.70	$0.00
August 11, 2021 – October 17, 2021	0255	$2,080.00	$0.00
August 11, 2021 – October 17, 2021	0300	$122,487.00	$0.00
August 11, 2021 – October 17, 2021	0320	$16,821.00	$0.00
August 11, 2021 – October 17, 2021	0350	$26,497.00	$0.00
August 11, 2021 – October 17, 2021	0410	$72,041.00	$0.00
August 11, 2021 – October 17, 2021	0420	$22,512.00	$0.00
August 11, 2021 – October 17, 2021	0424	$1,109.00	$0.00
August 11, 2021 – October 17, 2021	0430	$13,418.00	$0.00
August 11, 2021 – October 17, 2021	0450	$8,249.00	$0.00
August 11, 2021 –	0460	$24,514.00	$0.00

October 17, 2021			
August 11, 2021 – October 17, 2021	0730	$1,059.00	$0.00
WC ADJUSTMENTS	WC ADJUSTMENTS	-$714,801.17	$0.00
WC PAYMENTS		Left blank	
	Total	$22,790.03	$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed STATE OFFICE OF RISK MANAGEMENT, but the bill was underpaid. The Hospital requested STATE OFFICE OR RISK MANAGEMENT review the underpayment and issue proper payment. However, despite the Hospital's efforts and Request for Reconsideration, STATE OFFICE OF RISK MANAGEMENT has not issued payment."

Amount in Dispute: $22,790.03

Respondent's Position

"…the Office respectfully requests this dispute be dismissed as it is not eligible for Medical Fee Dispute Resolution as the dispute was not timely fled within one year from the date of service of 10/17/2021 under 28 TAC §133.307 (c)(1) as the Division's date stamp shows the dispute was received on 1/9/2024."

Response submitted by: State Office or Risk Management

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.
- 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated.

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 197 – Payment denied/reduced for absence of precertification/preauthorization.
- W3 – Reporting purposes only

Issues

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

Findings

1. The requestor is seeking payment for inpatient hospital services rendered from August to October 2021. The insurance carrier denied the claim based on timely filing, lack of prior authorization.

   DWC Rule 28 TAC §133.307(c)(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 dates of the service in dispute are August 11, 2021, through October 17, 2021. The request for medical dispute resolution was received at the Division on January 9, 2024.

   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	February 7, 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 electronico CompConnection@tdi.texas.gov.