



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Surgical Hospital at TR

**Respondent Name**

East Texas Educational Insurance Assoc.

**MFDR Tracking Number**

M4-24-1230-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

January 31, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2023	C1713	\$3,944.78	\$0.00
January 13, 2023	C1781	\$3,080.00	\$0.00
January 13, 2023	29827	\$8,092.63	\$0.00
<b>Total</b>		\$15,117.41	\$0.00

### Requestor's Position

"Please find the enclosed claim that was denied for timely filing. Please also see attached proof that this claim was accepted electronically 03 / 10 / 23 which is within the 95 day time frame."

**Amount in Dispute:** \$15,117.41

### Respondent's Position

"The information provided indicated the bill was filed electronically to Payer ID 62170. As this is not the correct payer ID, the bill was never received until the 7/13/2023 fax. Of note, according to

Texas Administrative code, Rule 133.307(c)(1)(B), MFDR's must be filed within a year of the date of service in dispute, which was not done."

**Response Submitted by:** Claims Administrative Services, Inc.

## 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:

- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- 307 - PER 133.250, A RECONSIDERATION SHALL NOT BE SUBMITTED LATER THAN 11 (<07/01/12) OR 10 (>=07/01/12) MONTHS FROM THE DATE OF SERVICE.
- 350 - BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 719 - PER RULE 133.20, A MEDICAL BILL SHALL NOT BE SUBMITTED LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE.
- W3 - IN ACCORDANCE TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

### Issues

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

### Findings

1. The requestor is seeking reimbursement for outpatient surgery services rendered on disputed date of service, January 13, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on January 31, 2024.

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 January 13, 2023. On January 31, 2023, DWC received the DWC060 request form. The disputed service does 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.

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:**

February 15, 2024

\_\_\_\_\_  
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](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)