



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

South Limestone Hospital

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-23-2211-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 23, 2022, through February 28, 2022	Skilled Nursing Facility Services	\$3,642.48	\$0.00
March 1, 2022, through March 31, 2022		\$9,632.16	\$0.00
April 4, 2022, through April 30, 2022		\$15,285.60	\$0.00
May 1, 2022, through May 31, 2022	Skilled Nursing Facility Services	\$16,264.60	\$0.00
June 1, 2022, through June 30, 2022		\$5,493.08	\$0.00
	Total	\$49,317.92	\$0.00

Requestor's Position

"In summary, the patient's treatment is medically necessary and reasonable to treat... Please refer to the enclosed supporting documentation for further details... "

Amount in Dispute: \$49,317.92

Respondent's Position

"The disputed dates of service 2/23/2022 to 4/30/2022 is greater than one year from the TDI/DWC date-stamp of 5/8/2023, listed on the requestor DWC60 packet and has waived its right to DWC MDR. The disputed dates of service 5/1/2022 to 6/30/2022... the provider did not submit an appeal to Texas Mutual upon receiving the first denial, therefore did not fully comply per Rule 133.307..."

Response Submitted by: Texas Mutual Insurance Co.

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.
2. [28 TAC §133.250](#) sets out the procedure for reconsideration of a medical bill.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- CAC-P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 892 – DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTION.
- A16 – THE REIMBURSEMENT FOR HEALTH CARE SERVICES ARE SUBJECT TO WORKWELL, TX CONTRACTS. A CERTIFIED WC HCN (INS CODE CH. 1305).
- CAC-131– CLAIM SPECIFIC NEGOTIATED DISCOUNT.
- CAC-198 – PRECERTIFICATION/AUTHORIZATION EXCEEDED.
- 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.

- 368 – THIS SKILLED NURSING FACILITY ALLOWANCE IS CALCULATED USING THE PROSPECTIVE PAYMENT METHOD.
- 711 – LENGTH OF STAY EXCEEDS NUMBER OF DAYS PREVIOUSLY PREAUTHORIZE.
- 729 – THIS BILL WAS REVIEWED IN ACCORDANCE WITH YOUR COVENTRY CONTRACT.
- 790 – THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.
- 876 – NO MEDICAL RECORDS SUBMITTED. REQUIRED DOCUMENTATION MISSING OR ILLEGIBLE.
- CAC-16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.
- CAC – 197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 786 – DENIED FOR LACK OF PREAUTHORIZATION OR PREAUTHORIZATION DENIAL IN ACCORDANCE WITH THE NETWORK CONTRACT.

Issues

1. Has South Limestone Hospital waived its right to medical fee dispute resolution (MFDR) for the dates of service in dispute rendered prior to May 8, 2022?
2. Is South Limestone Hospital entitled to reimbursement for the services in dispute from May 1, 2022, through June 30, 2022?

Findings

1. South Limestone Hospital is seeking reimbursement for Skilled Nursing Facility Services rendered on dates of service February 23, 2022, through May 1, 2022. The medical fee dispute request form DWC060 was received on May 8, 2023.

28 Texas Administrative Code (TAC) §133.307 (c) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

The MFDR request was filed later than one year after the disputed dates of service. Review of the submitted documents finds the disputed services do not involve any of the exceptions listed in TAC §133.307(c)(1)(B).

DWC finds that South Limestone Hospital has waived its right to medical fee dispute resolution for the disputed dates of service February 23, 2022, through April 30, 2022. Therefore, DWC finds that South Limestone Hospital is not entitled to reimbursement for the services in dispute rendered prior to May 8, 2022.

2. South Limestone Hospital is also seeking reimbursement for Skilled Nursing Facility Services rendered on dates of service May 1, 2022, through June 30, 2022.

28 TAC §133.307(c)(2) sets out the documentation that is required to be submitted by the requestor with its request for MFDR. 28 TAC §133.307(c)(2) states in pertinent part, "(J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)."

A review of the documentation submitted finds no copies of medical bills sent to the insurance carrier for original billing or appeal/reconsideration for any dates of service rendered in this dispute.

The health care provider is permitted to file for medical fee dispute resolution only after it has filed for reconsideration, per 28 TAC §133.250. The healthcare provider has 10 months from the date of service to request a reconsideration.

28 TAC §133.250 (g) states that the insurance carrier's deadline to take final action and issue an explanation of benefits is 30 days from the date of receipt of the request for reconsideration. If after 35 days, there is no indication of final action from the insurance carrier, the health care provider may then file for medical fee dispute resolution.

If the healthcare provider has not received an explanation of benefits from the insurance carrier, and if the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical fee dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).

Documentation submitted by the requestor does not support that a reconsideration was sought prior to the filing of this MFDR request.

In accordance with 28 TAC §133.307 and §133.250, DWC finds the requestor is not entitled to reimbursement for the disputed services.

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, South Limestone Hospital, is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

September 24, 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. 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.tas.gov.