



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

USMD HOSPITAL @
ARLINGTON

Respondent Name

CITY OF DALLAS

MFDR Tracking Number

M4-24-1219-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

January 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 12, 2023	Emergency Services	\$750.80	\$0.00
Total		\$750.80	\$0.00

Requestor's Position

"USMD is kindly requesting your assistance in a denial for timely filing denial... Per our permanent billing record attached, we are within the timely deadline. We faxed the claim information to TRISTAR on 02/08/2023 to fax 214-749-5691. We called TRISTAR on 03/10/2023 and left a voicemail requesting a call back for the IMO Bill Review with no call back. We never received a call back."

Amount in Dispute: \$750.80

Respondent's Position

The insurance carrier did not submit a response to the DWC060 request.

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:

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI level 1 appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, subchapter U of this title.
- 29 – The time limit for filing has expired

Issues

1. Did the insurance carrier respond to the DWC060 request?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The Austin carrier representative for City of Dallas is Hoffman Kelley LLP. Hoffman Kelley LLP was notified of this medical fee dispute on February 6, 2024. Rule 28 TAC §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).
2. 28 TAC §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 January 12, 2023. The request for medical fee dispute resolution was received on January 30, 2024. This date is later than one year after the date(s) of service in dispute. 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature



April 12, 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, 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.