



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Providence Sierra

**Respondent Name**

Sompo America Insurance Co

**MFDR Tracking Number**

M4-24-1289-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 9, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2022	0250	\$429.10	\$0.00
November 11, 2022	0278	\$32400.00	\$0.00
November 11, 2022	0300	\$2990.00	\$0.00
November 11, 2022	0320	\$1467.00	\$0.00
November 11, 2022	0360	\$30756.00	\$0.00
November 11, 2022	0370	\$6614.00	\$0.00
November 11, 2022	0636	\$2202.00	\$0.00
November 11, 2022	0710	\$7894.00	\$0.00
November 11, 2022	0730	\$854.00	\$0.00
November 11, 2022	WC ADJUSTMENTS	-\$73591.40	\$0.00
<b>Total</b>		<b>\$12091.70</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration that states, "Since, the Hospital is entitled to reimbursement because it provided the medically necessary procedure for treatment directly related to the patient's work-related injury, Farmer's is responsible for its proper payment under Texas Labor Code § 408.0272 (b)(1)(A)."

**Amount in Dispute:** \$12091.70

## Respondent's Position

"The provider should have filed the DWC-60 no later than November 11, 2023. According to the DWC 60, the provider's request for medical fee dispute resolution was not filed until February 9, 2024. Moreover, the provider cannot use the late submission argument to support the failure to timely file its DWC 60 because the carrier began responding to the provider's UB 04's as early as May 9, 2023."

**Response submitted by:** Flahive, Ogden & Latson

## 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.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 31065 – This service was not pre-authorized in conformance with TWCC Rule 134.600.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with states guidelines, usual and customary policies, provider's contract, or ...

### 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 November of 2022. The insurance carrier denied the claim based on untimely submission of medical bill. 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 date of the service in dispute is November 11, 2022. The request for medical dispute resolution was received at the Division on February 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 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**

March 11, 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).