



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

USMD Hospital at
Arlington

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-1388-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

February 26, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------|-------------------|-------------------|---------------|
| February 22, 2023 | 72100 | \$843.00 | \$0.00 |
| April 19, 2023 | 82114 | \$655.50 | \$0.00 |
| Total | | \$1,498.50 | \$0.00 |

Requestor's Position

"CLAIM#1 – DOS: 02/22/2023 – RADIOLOGY SERVICES: ...The original faxes were within the timely filing limit and the claim should be honored by the original date of fax. CLAIM 32 – DOS: 4/19/2023 – RADIOLOGY SERVICES: Claim was faxed to SORM on 04/24/2023 to... ...On 05/01/2023, we received correspondence stating 'returned incomplete' as we were missing provider number. We corrected and resubmitted ON 05/01/2023. ON, 05/03/2023, the SORM representative stating claim was in process. On 06/02/2023, we sent an email to SORM requesting an update of claim with no response. On 07/11/2023, we refaxed billing to SORM (see attached). On 10/17/2023, we refax billing again due to no response from 07/11/ refax. On 10/30/2023, we received a denial for timely filing."

Amount in Dispute: \$1,498.50

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor USMD Hospital at Arlington the Office reviewed the disputed charges and found that date of service 2/22/2023 is not eligible for review due to the Division receiving this date of service beyond the one-year timely filing deadline. We find the only date of service eligible for review is 4/19/2023.

The Office's first receipt of the medical bill in dispute was received on 4/24/2023 where upon review it was determined the UB04 was not complete as Box 76 was missing the attending physician's medical license number. ...Further research found a complete bill was received on 10/17/2023... ...a denial was issued on 10/24/2023 for 29-time limit for filing has expired. ...It was further found that both dates of service have not been appealed as outlined in 28 TAC 133.250."

Response submitted by: SORM

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

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.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for date of service February 22, 2023?
2. Did the requestor support a request for reconsideration was submitted for date of service April 19, 2023?

Findings

1. The requestor is seeking payment for outpatient radiology services rendered in February and April of 2023. 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 February 22, 2023. The request for medical dispute resolution was received at the Division on February 26, 2024.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR for date of service February 22, 2023.

2. Regarding date of service April 19, 2023. The insurance carrier denied the claim for untimely submission.

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 (a) and (i).

DWC Rule 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.

DWC Rule 28 TAC §133.250 (d) requires that the reconsideration request shall reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill, and include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier.

The documentation received by DWC does not include a copy of the requestor's reconsideration request of the untimely filing denial for date of service April 19, 2023. This claim will not be considered at MFDR. No payment is recommended.

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

| | | |
|-----------|--|----------------|
| _____ | _____ | March 25, 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.texas.gov.