



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

M4-24-1482-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

March 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 10 – 12, 2023	I/P DRG 455	\$158,802.82	\$0.00
Total		\$158,802.82	\$0.00

Requestor's Position

"We received a denial of the above claim in error for claim being past timely filing, however, the claim and supporting documentation were faxed successfully to SORM on 03/15/2023, 04/17/2023 AND 5/24/2023. The two original faxes are within the timely filing limit of 95 days from the date of service. ...We spoke with...in SORM customer service on 07/11/2023 stating that their fax will not accept large faxes of 127 pages and to mail to SORM... On 08/16/2023, we mailed certified a reconsideration with permanent billing record showing we sent timely. We again received a denial for timely filing. The original faxes were within the timely filing limit and the claim should be honored by the original date of fax."

Amount in Dispute: \$158,802.82

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 1/10/2023-1/12/2023 is not eligible for review due to the Division receiving this date of service beyond the one-year timely filing deadline from the discharge date and will maintain our original denials of 29-time limit for filing has expired."

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.

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.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – Reporting purposes only

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking payment for inpatient hospital services rendered in January 2023. The insurance carrier denied the claim based on non-timely submission of medical bills.

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 January 10 – 12, 2023. The request for medical fee dispute resolution was received at the Division on March 11, 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 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

Signature

Medical Fee Dispute Resolution Officer

April 11, 2024
Date

Signature

Director of Medical Fee Dispute Resolution

April 11, 2024
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.