



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Sierra

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-24-2143-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 4, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 12, 2023	0300	\$4,056.00	\$0.00
May 12, 2023	0320	\$1,467.00	\$0.00
May 12, 2023	0730	\$854.00	\$0.00
May 25, 2023	0278	\$46,818.20	\$0.00
May 25, 2023	0300	\$168.00	\$0.00
May 25, 2023	0360	\$75,769.00	\$0.00
May 25, 2023	0250	\$1,149.00	\$0.00
May 25, 2023	0370	\$14,150.00	\$0.00
May 25, 2023	0636	\$3,303.00	\$0.00
May 25, 2023	0710	\$0.00	\$0.00
May 25, 2023	WC ADJUSTMENTS	\$-142,201.60	\$0.00
Total		\$12,142.60	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed BROADSPIRE, but the bill was denied. The Hospital requested BROADSPIRE to review this denial and issue proper payment. However, despite the Hospital's efforts and Request for Reconsideration, BROADSPIRE has not issued proper payment."

Amount in Dispute: \$12,142.60

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 11, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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:

- 790 – This charge was reimbursed in accordance with the Texas medical fee guideline.
- D10 – The time limit for filing has expired.
- D53 – Extent of injury not finally adjudicated.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- 253 – In order to review this charge please submit a copy of the certified invoice.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 358 – This outpatient allowance was based on the Medicare's methodology (Part B) plus the Texas markup.
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.

- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS.
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

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 May of 2023. The insurance carrier denied the claim based on timely filing and extent of injury on original adjudication and reduced the allowed amount of reimbursement upon reconsideration based on packaging and workers compensation fee guidelines.

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 May 12th and 25th, 2023. The request for medical dispute

resolution was received at the Division on June 4, 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

		July 30, 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.