



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

PROVIDENCE MEMORIAL HOSPITAL

**Respondent Name**

EL PASO ISD

**MFDR Tracking Number**

M4-24-2797-01

**Carrier's Austin Representative**

Box Number 17

**Date Received**

August 19, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 30, 2023, to June 1, 2023	Inpatient Hospital	\$1,529.45	\$0.00

### Requestor's Position

"Per the terms of our agreement governing WORKERS COMP MISC, our expected contract allowable is based on:

Pass-throughs (Drug' or 'Implant' 'MRI')

Based on this/these service(s), the expected reimbursement amount is \$6,217.29."

**Amount in Dispute:** \$1,529.45

### Respondent's Position

"The Austin carrier representative for El Paso ISD is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on August 27, 2024. Rule §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 §133.307(d)(1).

## **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 §133.305](#)) sets out the procedures for resolving medical disputes.
2. [28 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:

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated (97)
- B15 – The service/ procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated (B15)
- P12 – Workers' compensation jurisdictional fee schedule adjustment (P12)
- P14 – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day (P14)

### **Issues**

1. Has the requestor waived their right to medical fee dispute resolution?

### **Findings**

1. The requestor seeks payment in the amount of \$1,529.45, for medical services provided on May 30, 2023, to June 1, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "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."

The service in question was performed on May 30, 2023, to June 1, 2023. The medical fee dispute was received by the Division on August 19, 2024. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "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."

A review of the submitted documentation finds that the disputed service(s) does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; 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.

The Division finds the requestor has not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**



Signature

Medical Fee Dispute Resolution Officer

October 24, 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](http://www.tdi.texas.gov/forms/form20numeric.html). The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, 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 the Division. **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).