



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VHS Harlingen Hospital

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-2907-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

M4-24-2907-01

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 5 – 7, 2023	0250	\$980.00	\$0.00
	0274	\$94.00	\$0.00
	0278	\$4633.00	\$0.00
	0300	\$2303.00	\$0.00
	0320	\$1622.00	\$0.00
	0360	\$54183.00	\$0.00
	0370	\$11140.00	\$0.00
	0450	\$5576.00	\$0.00
	0610	\$9423.00	\$0.00
	0636	\$2696.00	\$0.00
	0710	\$8203.00	\$0.00
	0730	\$1253.00	\$0.00
	0762	\$7524.00	\$0.00
	WC Adjustments	-85951.38	\$0.00
Total		\$23678.62	\$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 STATE OFFICE OF RISK MANAGEMENT, but the bill was denied. The Hospital requested STATE

OFFICE OF RISK MANAGEMENT review underpayment and issue payment. However, despite the Hospital's efforts and Request for Reconsideration, STATE OFFICE OF RISK MANAGEMENT has not issued payment."

Amount in Dispute: \$23,678.52

Respondent's Position

"The Office performed an in-depth review of the dispute packet submitted by VHS Harlingen where it has been determined there is no evidence found in the dispute packet to support that a waiver of timely filing should be granted following Texas labor Code 408.0272, the Office will maintain our denial for 29- Time limit for filing has expired. Furthermore, the Office respectfully requests this dispute be dismissed as it is not eligible for Medical Fee Dispute Resolution. The dispute was not timely filed within one year from the discharge date of service of 4/7/2023 under 28 TAC §133.307 (c)(1) as the Division's date stamp shows the dispute was received on 08/22/2024. Further, the requestor has failed to submit a complete reconsideration in accordance with 28 TAC 133.250."

Response submitted by: State Office of Risk Management

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.

Issues

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

Findings

1. The requestor is seeking payment for outpatient hospital services rendered in April of 2023. 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 dates of the service in dispute are April 5 – 7, 2023. The request for medical dispute resolution was received at the Division on August 22, 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 dates of service April 5 – 7, 2023.

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

		September 26, 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.