



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH AUSTIN HOSPITAL

Respondent Name

CITY OF AUSTIN

MFDR Tracking Number

M4-25-0224-01

Carrier's Austin Representative

Box Number 19

Date Received

September 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 17, 2023	99284-25	\$5,439.63	\$0.00
June 17, 2023	96374-59	\$927.16	\$0.00
June 17, 2023	96361-59	\$1,336.31	\$0.00
		\$6,772.00 [sic] (\$7,703.10)	\$0.00

Requestor's Position

"We have asked for reconsideration on the charges for the above referenced patient as the carrier, SEDGWICK, denies to process our Facility bills on Facility fee schedule. We have presented them with the UB-04 for the Facility charges on this patient along with our proof of timely filing showing that we were informed of worker compensation claim details on April 2024 this year."

Amount in Dispute: \$6,772.00[sic]

Respondent's Position

"The provider filed a DWC 60, seeking medical fee dispute resolution for date of service of June 17, 2023. The DWC 60 was filed late. The provider had through no later than one year after the date of service to file its DWC 60 with DWC. It was not filed with DWC until September 17, 2024. Accordingly, the provider is not entitled to medical fee dispute resolution."

Response Submitted by: Flahive Ogden & Latson

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:

- 247 – A payment or denial has already been recommended for this service
- 18 – Exact duplicate claim/service
- 5094 – DWC requires request for reconsideration or corrected claims to be submitted within 10 months of the date of service
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation we find our original review to be correct. Therefore, no additional allowance appears to be warranted
- W3 – Bill is a reconsideration or appeal
- 29 – The time limit for filing has expired
- 4271 – Per TX Labor code sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

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

Findings

The requestor seeks payment in the amount of \$6,772.00 [*sic*], for medical services provided on June 17, 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 June 17, 2023. The medical fee dispute was received by the Division on September 17, 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

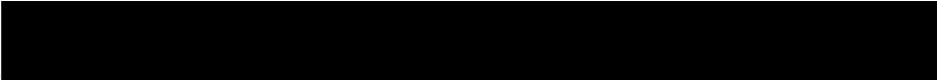
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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 18, 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. 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.

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.