



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

CHI St Lukes Baylor

**Respondent Name**

Old Republic General Insurance Corp

**MFDR Tracking Number**

M4-25-0662-01

**Carrier's Austin Representative**

Box Number 44

**Date Received**

November 18, 2024

### Summary of Findings

| Dates of Service                        | Disputed Services | Amount in Dispute | Amount Due |
|---|-------------------|-------------------|------------|
| September 23, 2022 – September 27, 2022 | Hospital Services | \$34,545.36       | \$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 GALLAGHER, but the bill was denied."

**Amount in Dispute:** \$34,545.36

### Respondents' Position

"No additional monies due as: The service in question was performed on 09/23/22 to 09/27/22. This date is more than a year following the in-question date(s) of service. Per rule 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.' The requestor has failed to timely file this dispute with the Division; consequently, the requestor has waived the right to medical fee dispute resolution."

**Response Submitted by:** Gallagher Bassett

## 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 reduced or denied payment for the disputed services with the following claim adjustment codes:

- 29,90096 – The time limit for filing has expired.
- 4271 – Per TX Labor code sec. 408.027, provider must submit bills to payors with 95 days of the date of service.
- 5721 – To avoid duplicate bill denial for all reconsiderations/adjustments/additional payment requests, submit copy of this EOR or clear notation a recon is

### **Issues**

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

### **Findings**

The requestor seeks payment in the amount of \$34,545.36, for hospital medical services provided between September 23, 2022, and September 27, 2022.

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 services in question were performed between September 23, 2022, and September 27, 2022. The medical fee dispute was received by the Division on November 18, 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

\_\_\_\_\_  
January 10, 2025  
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).