TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
North Central Baptist Medical Center

Respondent Name
Amtrust Insurance Company

MFDR Tracking Number
M4-25-1193-01

Carrier's Austin Representative
Box Number 17

Date Received
February 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 6, 2023	Hospital Services	$8,109.42	$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 AMTRUST, but the bill was underpaid and not paid/reimbursed appropriately. However, despite the Hospital's efforts and Request for Reconsideration to AMTRUST on September 5, 2023, and October 8, 2024, AMTRUST has not rendered proper payment."

Amount in Dispute: $8,109.42

Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 2/03/2025, as evidenced by the date stamp on the DWC-60. The date of service in dispute is 6/06/2023, and the attached EOBs do not reflect any extent, liability or medical necessity issues. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service."

Response Submitted by: Downs & Stanford, P.C.

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 the payment for the disputed services with the following claim adjustment codes:

- 252 - An attachment/other documentation is required to adjudicate this claim/service.
- 253 - In order to review this charge, please submit a copy of the certified invoice.
- 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
- 648 - This service is packaged with another service performed on the same date. Payment is based on a single complexity adjusted APC rate.
- 97 - The benefit for this service is included in the payment allowance for another service procedure that has already been adjudicated.
- P12, W1 – Workers' compensation jurisdictional fee schedule adjustment.
- M127 - Missing patient medical record for this service.
- MA27 – Missing/incomplete/invalid entitlement number or name shown on the claim. MA30 – Missing/incomplete/invalid type of bill
- N130 - Consult plan benefit documents/guidelines for information about restrictions for this service.
- N179 - Additional information has been requested from the members. The charges will be reconsidered upon receipt of that information
- N45 - Payment based on authorized amount.
- P13 - Payment reduced or denied based on workers compensation jurisdictional regulations or payment policies. Use only if no other code is applicable.
- U03 - The build service was reviewed by our UR and authorized.
- Note: Reconsideration No additional allowance made as the original bill is processed correctly.
- 253 Please submit the invoice for implant services.
- 18 – Exact duplicate claim/service.
- 224 – Duplicate charge.

Issues

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

Findings

The requestor seeks additional payment in the amount of $8,109.42, for medical services provided on June 6, 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 6, 2023. The medical fee dispute was received by the Division on February 3, 2025. 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 services do 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

		February 27, 2025
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. 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 electronico CompConnection@tdi.texas.gov.