

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NORTHEAST BAPTIST
HOSPITAL

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-25-1240-01

Carrier's Austin Representative

Box Number 54

Date Received

February 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2023 to August 18, 2023	Hospital Inpatient	\$21,906.97	\$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 Texas Mutual, but the bill was denied. However, despite the Hospital's efforts and Request for Reconsideration Texas Mutual has not rendered proper payment."

Amount in Dispute: \$21,906.97

Respondent's Position

"The disputed date of service 8/8/2023 to 8/18/2023 is greater than one year from the TDI/DWC date-stamp of February 6, 2025, listed on the requestor DWC60 packet and has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Insurance

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:

- CAC-P12 – Workers Compensation Jurisdictional fee schedule adjustment
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 891 – No additional payment after reconsideration
- 892 – Denied in accordance with DWC Rules
- Note: The from and through dates listed on the UB are inconsistent with the number of service units billed. Please verify.

Issues

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

Findings

The requestor seeks payment in the amount of \$21,906.97, for facility charges provided on August 8, 2023 to August 18, 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 August 8, 2023 to August 18, 2023. The medical fee dispute was received by the Division on February 6, 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 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

	February 28, 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 electrónico CompConnection@tdi.texas.gov.