



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

RICHARD LEWIS NEEL, MD

Respondent Name

EAST TX EDUCATIONAL INSURANCE ASSN

MFDR Tracking Number

M4-21-0970-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

FEBRUARY 22, 2021

REQUESTOR'S POSITION SUMMARY

"This claim was originally submitted to your company electronically on 10/16/2019 however it was denied for timely filing. I am enclosing a copy of the proof of timely filing, billing, progress report, and DWC for this service."

Disputed Amount: \$198.00

RESPONDENT'S POSITION SUMMARY

"The bill in question was initially received by our office on 5/27/2020 under a different provider name, Alsatian Care Enterprises. A copy of that bill is attached and it was denied for timely filing on 6/3/2020. On 8/11/2020 we received a reconsideration under provider name Little Alsace Urgent Care...It is our position denial for timely filing is correct and not reimbursement is due."

Response Submitted By: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 11, 2019	Office Visit CPT Code 99214	\$198.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- The services in dispute were reduced / denied payment by the respondent with the following claim adjustment reason codes:
 - 29-The time limit for filing has expired.

- 719-Per Rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service.
- 350-Bill has been identified as a request for reconsideration or appeal.
- W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 18-Exact duplicate claim/service.
- 224-Duplicate charge.
- 307-Per 133.250 a reconsideration shall not be submitted later than 11 (<07/01/12) or 10 (>07/01/12) months from the date of service.

Issue

Is date of service October 11, 2019 eligible for Medical Fee Dispute Resolution (MFDR) in accordance with 28 TAC §133.307?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$198.00 for office visit, CPT code 99214, rendered on October 11, 2019.
2. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) 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."
3. The DWC reviewed the submitted documentation and finds:
 - The request for medical dispute resolution was received in MFDR on February 22, 2021.
 - The disputed date of service is October 11, 2019.
 - The disputed services do not involve issues identified in §133.307(c)(1)(B).
 - One year from October 11, 2019 is October 11, 2020.
 - The requestor did not file this dispute with the DWC's MFDR Section within the one-year deadline set out in 28 TAC §133.307.

Conclusion

The DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 TAC §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute for those dates have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	03/10/2021 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.