



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
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**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

BAYLOR SCOTT & WHITE EMERGENCY

**Respondent Name**

INDEMNITY INSURANCE CO OF NORTH AMERICA

**MFDR Tracking Number**

M4-21-1707-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

MAY 27, 2021

**REQUESTOR'S POSITION SUMMARY**

"Please see attached documents, showing that this was a reconsideration request and that we have been in communication with you since August 2019 to try to get this claim paid. The initial bill was sent to you on 08/07/2019, within timely filing."

Disputed Amount: \$2,866.87

**RESPONDENT'S POSITION SUMMARY**

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 5/27/2021 as evidenced by the date stamp on the DWC-60. The date of service in dispute is 7/11/2019, and the EOBs submitted did 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.

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 11, 2019	Hospital Services	\$2,866.87	\$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**

1. 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
2. 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.
- 4271-Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

**Issue**

Is date of service July 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 \$2,866.87 for hospital services rendered on July 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 May 27, 2021.
  - The disputed date of service is July 11, 2019.
  - The disputed services do not involve issues identified in §133.307(c)(1)(B).
  - One year from July 11, 2019 is July 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

06/23/2021  
\_\_\_\_\_  
Date

## **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.**