



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MII Supply, LLC

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-22-0190-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

September 29, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 12, 2019	HCPCS Code E1399	\$967.97	\$0.00
<b>Total</b>		\$967.97	\$0.00

### Requestor's Position

"It is our belief that the claim is denied unjustly....DME providers are not required to secure, prior authorization. VenaFlow (DVT) is a device that is used during and after surgery at the discretion of the surgeon, on emergency basis. One the function of this device is to avoid blood clot. Bill was submitted on 6/19/17 and the C8.1 is not generated until 2/22/18. Accordingly the C8.1 is issued late."

**Amount in Dispute:** \$967.97

### Respondent's Position

"One year from disputed date 4/12/2020. The TDI/DWC date stamp lists the received date is 9/29/2021 on the requestor's DWC-60 packet, a date greater than one year from. The requestor has waived its right to DWC MDR. No payment is due."

**Response Submitted By:** Texas Mutual Insurance Co.

## 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) §133.307 sets out the procedures for resolving medical fee disputes.

### Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- CAC-18-Exact duplicate claim/service.
- 224-Duplicate charge.

### Issues

1. Is MII Supply, LLC's dispute submitted timely?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$967.97 for HCPCS code E1399 rendered on April 12, 2019.

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."

The DWC reviewed the submitted documentation and finds:

- The request for medical dispute resolution was received in MFDR on September 29, 2021.
- The disputed date of service is April 12, 2019.
- The disputed services do not involve issues identified in §133.307(c)(1)(B).
- One year from April 12, 2019 is April 12, 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 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 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**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

## **Authorized Signature**

_____	_____	11/02/2021
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](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please 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 DWC. **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).