

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

JASON R BAILEY

Respondent Name

TX ASSOC OF COUNTIES RMP

MFDR Tracking Number

M4-22-0972-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 21, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 06, 2020	Code 99223, 20100, 13132, 15851 and 13133	\$8,415.18	\$0.00
Total		\$8,415.18	\$0.00

"Our claim originally submitted on 12/21/20 in the amount of \$10,960.00 and was returned to us by mail with a letter stating Sedgwick is not the third part administrator handling this claim. After several months of trying to reach the adjusters and proper insurance departments handling [injured employee] claim, we were given the correct address to mail the claim to."

Amount in Dispute: \$8,415.18

Respondent's Position

"On January 21, 2022, Dr. Bailey filed his medical fee dispute resolution request for the disputed date of service. Notably, this request is more than one year after the date of service and is untimely."

Response Submitted by: Burns Anderson Jury & Brenner LLP

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 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:

- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5343 – Please note this is the Reconsideration for a prior review.
- 6060 – Based on additional information from the claims examiner, we are recommending further payment be made for the above noted procedure code/codes.
- NOOP – Internal Use only
- 193 – Original payment decision is being maintained, upon review, it was determined that this claim was processed properly
- P12 – Workers Compensation Jurisdictional fee schedule adjustment

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division 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 date of the services in dispute is December 06, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on January 21, 2022. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute

with the Division's MFDR Section; 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.

DWC finds the requestor has not established that additional reimbursement is due.

Order

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

Authorized Signature


Signature


Medical Fee Dispute Resolution Officer

February 24, 2022
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. 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.

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.