

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Susan Seagroves Knapton

Respondent Name

Southeastern Freight Lines Inc

MFDR Tracking Number

M4-22-1164-01

Carrier's Austin Representative

Box Number 48

DWC Date Received

February 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 4, 2021	99222	\$260.00	\$0.00
February 5, 2021	99232	\$135.00	\$0.00
February 6, 2021	99232	\$135.00	\$0.00
February 7, 2021	99232	\$135.00	\$0.00
February 8, 2021	99232	\$135.00	\$0.00
February 9, 2021	99232	\$0.00	\$0.00
February 10, 2021	99232	\$135.00	\$0.00
February 11, 2021	99232	\$135.00	\$0.00
February 12, 2021	99232	\$135.00	\$0.00
February 15, 2021	99232	\$135.00	\$0.00
February 16, 2021	99232	\$135.00	\$0.00
February 17, 2021	99232	\$135.00	\$0.00
February 18, 2021	99232	\$135.00	\$0.00
February 19, 2021	99232	\$135.00	\$0.00
February 20, 2021	99232	\$135.00	\$0.00
February 21, 2021	99232	\$0.00	\$0.00
February 22, 2021	99232	\$135.00	\$0.00
February 23, 2021	99232	\$135.00	\$0.00
February 24, 2021	99232	\$135.00	\$0.00
February 25, 2021	99232	\$135.00	\$0.00
February 26, 2021	99232	\$135.00	\$0.00

February 27, 2021	99232	\$135.00	\$0.00
February 28, 2021	99232	\$135.00	\$0.00
March 1, 2021	99232	\$135.00	\$0.00
March 2, 2021	99232	\$135.00	\$0.00
March 3, 2021	99232	\$0.00	\$0.00
March 4, 2021	99232	\$135.00	\$0.00
March 5, 2021	99232	\$135.00	\$0.00
March 6, 2021	99232	\$135.00	\$0.00
March 7, 2021	99232	\$135.00	\$0.00
March 8, 2021	99232	\$135.00	\$0.00
March 9, 2021	99232	\$0.00	\$0.00
March 10, 2021	99232	\$135.00	\$0.00
March 11, 2021	99232	\$0.00	\$0.00
March 12, 2021	99232	\$135.00	\$0.00
March 22, 2021	99232	\$135.00	\$0.00
March 23, 2021	99232	\$135.00	\$0.00
March 24, 2021	99232	\$135.00	\$0.00
March 25, 2021	99232	\$135.00	\$0.00
March 26, 2021	99232	\$135.00	\$0.00
March 27, 2021	99231	\$75.00	\$0.00
March 28, 2021	99232	\$135.00	\$0.00
March 29, 2021	99232	\$135.00	\$0.00
March 30, 2021	99232	\$135.00	\$0.00
March 31, 2021	99232	\$135.00	\$0.00
April 1, 2021	99232	\$135.00	\$0.00
April 2, 2021	99232	\$135.00	\$0.00
Total		\$5675.00	\$0.00

Requestor's Position

"We have proof that our claims were filed timely, although we did not have the proper claim number on our claims, we still have proof that we filed our claims on May 2, 3021."

Amount in Dispute: \$5675.00

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for bill review audit and payment.

Response submitted by: Gallagher Bassett

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.
2. 28 TAC §102.4 sets out documentation of communication requirements.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 4003 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting

Issues

1. Was the request for MFDR submitted within one year of all dates of service?
2. Is the requestor's position supported?

Findings

1. Review of the DWC060 finds the beginning dates of service in dispute are February 4 – 12, 2021. 28 TAC 133.307 (c) (1) states in pertinent part, a request for MFDR that does not involve issues of compensability, extent of injury, liability, medical necessity or a refund shall be filed no later than one year after the date(s) of service in dispute. The requestor's DWC060 for dates of service February 4 – 12, 2021 was received February 14, 2022. These dates of service are not eligible for medical fee dispute.
2. The remaining dates of service in dispute were denied for timely filing. The requestor states they have "proof" the claims were submitted on May 3, 2021. Review of the submitted documentation found notes from the requestors billing system showing transfer of the claims to the insurance but the "Clearinghouse Tracking #" and Payer Tracking # are blank.

DWC Rule 28 TAC §102.4 (h) (1) (2) states in pertinent part unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on the date received if sent by fax, personal delivery, or electronic transmission; or the date postmarked if sent by mail through United States Parcel Service mail.

The documentation submitted by the requestor as proof did not show the successful transmission of the claims to the insurance carrier. The requestor's position is not supported. No additional reimbursement is recommended.

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 requester 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

		May 6, 2022
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. 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.