



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Quality Urgent Care
Pleasanton

Respondent Name

Tx Public School WC Project

MFDR Tracking Number

M4-22-1717-01

Carrier's Austin Representative

Box Number 1

DWC Date Received

April 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 30, 2021	99203	\$212.21	\$0.00
January 27, 2021	99203	\$212.21	\$0.00
February 7, 2021	99214	\$195.14	\$0.00
Total		\$619.56	\$0.00

Requestor's Position

"We are submitting the following Workmans' Compensation claim to be reviewed for consideration for payment. Claim has been denied for timely filing, being a duplicate, and bundling. When the claim was submitted, it was submitted without a modifier 25. It was added and resubmitted on 8/20/2021. Received denial for timely filing because the claim was seen as a new claim not a corrected claim. It was within a timely manner and when resubmitted it was to be a reconsideration not a new claim."

Amount in Dispute: \$619.56

Respondent's Position

CRF does not have any documentary evidence in its claim file to support that Urgent Care saw Claimant for treatment of compensable injury on September 30, 2021. ...dates of service would

have occurred more than a year prior to the filing of Urgent Care's MFDR Request. Thus, Urgent Care's Request would be untimely."

Response submitted by: Creative Risk Funding

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

Neither party submitted explanation of benefits related to the services in dispute listed on the DWC 60, January 27, 2021, February 22, 2021 or September 30, 2021.

Issues

1. Did the requestor meet the documentation requirements of requesting MFDR?

Findings

1. DWC Rule 28 TAC §133.307(2)(J) states in pertinent part, the request must include a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills);

Review of the submitted DWC060 contains dates of service January 27, 2021, February 22, 2021 and September 30, 2021. Review of the submitted documentation with the request for MFDR found no bills for the dates of services listed.

The requestor has not met the requirements of requesting MFDR. No payment 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 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

May 5, 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.