

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

INTEGRITY HEALTH CLINIC

**Respondent Name**

TEXAS ASSOCIATION OF COUNTIES

**MFDR Tracking Number**

M4-22-2554-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

August 4, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 29, 2020	99204 and 87635	\$177.01	\$0.00
Total		\$177.01	\$0.00

### Requestor's Position

"We are requesting for the MFDR team to calculate the payment of the Covid test for [injured employee], as we were unable to locate the 2020 Covid rates in the Novitas Solutions site. We billed the Covid test at \$134.11."

**Amount in Dispute:** \$177.01

### Respondent's Position

"We represent Texas Association of Counties Risk Management Pool (TAC RMP) regarding the above reference medical fee dispute. This dispute concerns services provided by Integrity Health Clinic on April 29, 2020. Upon receipt of Integrity's DWC-60, TAC RMP issued an additional payment of \$156.89 with an interest payment of \$6.12."

**Response Submitted by:** Burns, Anderson, Jury & Brenner, L.L.P.

## 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

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:

- 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.
- 1125 - This reconsideration reflects corrected procedure codes
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5094 - DWC requires request for reconsideration or corrected claims to be submitted within 10 months of the date of service.
- 193 - Original payment decision is being maintained.
- 29 – Time limit for filing has expired.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – Bill is a reconsideration or appeal.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 4271 – Per TX labor code sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 252 - THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR SERVICES PERFORMED BY A LICENSED NON-PHYSICIAN PRACTITIONER.
- 254 - THE BILLED SERVICE HAS NO ALLOWANCE IN FEE SCHEDULE/UCR.
- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 181 - PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.

### Issues

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

### Findings

The requestor seeks reimbursement for medical services rendered on April 29, 2020. 28 TAC §133.307 (c) (1) states in pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

28 TAC §133.307 (c) (1) (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 April 29, 2020. The request for medical fee dispute resolution was received by the Division on August 4, 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 28 TAC §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.

The DWC finds the requester has not established that reimbursement of is due.

## **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**

_____	_____	January 18, 2023
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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).