



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

SIERRA PROVIDENCE EAST MEDICAL

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-1121-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 10, 2021	71250 and 99285-25	\$1,133.60	\$0.00
Total		\$1,133.60	\$0.00

Requestor's Position

"Texas timely filing deadline is 95 days from discharge. This claim has a service date of 11/12/2021 was initially billed to pip auto it was not until 3/3/2022. We found pt had Texas mutual; Then we rebilled our claim hardcopy to Texas mutual 3/14/2022. Hence, this claim was billed timely."

Amount in Dispute: \$1,133.60

Respondent's Position

"One year from disputed date of service 11/10/2021 is 11/10/2022. The TDI/DWC date stamp lists the received date as 1/13/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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:

- 871 – 3rd party settlement: Texas mutual has reviewed the submitted charges and the following indicates the adjusted amount(s) that conform to workers' compensation standards for medical charges. Listed are the fee schedule amounts that would have been paid if there was not a third-party settlement. 1. \$0.00-untimely filing 2. \$0.00-untimely filing 3. \$0.00-untimely filing. 4. \$0.00-untimely filing. 5. \$0.00-untimely filing. 6. \$0.00-untimely filing. 7. \$0.00-untimely filing for a total reimbursement of \$0.00 per (OPPS) fee schedule.
- CAC-W3 & 350 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-215 – Based on subrogation of a third-party settlement.
- CAC-29 – Time limit for filing has expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- 731 – Per 133.20 (B) provider shall not submit a medical bill later than the 95th day after the date the service
- 871 – Payment is being maintained withheld because claimant received a third-party settlement.
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272) notification of erroneous submission not included.

Issues

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

Findings

The requestor seeks reimbursement for medical services rendered on November 10, 2021.

28 TAC §133.307 (c) (1) states in pertinent part, "Timeliness. A requestor must timely file the request with the DWC or waive the right to MFDR. The DWC will deem a request to be filed on the date the DWC receives the request. A decision by the DWC 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 service in dispute is November 10, 2021. The request for medical fee dispute resolution was received by the DWC on January 13, 2023. 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 DWC concludes that the requestor has failed to timely file this dispute with the DWC’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 requestor 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

_____	_____	April 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. 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 prefieres 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.