

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

QUC PLEASANTON LLC

**Respondent Name**

LIBERTY INSURANCE CORP

**MFDR Tracking Number**

M4-23-2525-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

May 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 28, 2022	Codes 99213, 99080 and A4550	\$256.50	\$0.00
<b>Total</b>		\$256.50	\$0.00

"This is a request to have a claim be further reviewed for two reconsiderations that were denied for timely filing.

We are enclosing a copy of the complete last medical bill for reconsideration to a corrected claim, copy of the explanation of benefits, and an explanation of why we are disputing this claim for payment.

The claim was first denied for the level of service; it was deemed no fit the documentation attached with the HCFA 1500. The claim was corrected by leveling the CPT code 99213 and resubmitted with a copy of bill control number 1112902208."

**Amount in Dispute:** \$256.50

### Respondent's Position

"This bill for DOS 03/20/2022 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307: 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 MFDR was received on 05/24/2023 which is greater than the time allowed to file a MFDR.”

**Response Submitted by:** Liberty Mutual Insurance

## **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 Texas Administrative Code [\(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

- CO – Contractual obligations. The patient may not be billed for this amount
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this for claims attachment (s) / other documentation.
- 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 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.

(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 March 28, 2022. The request for medical fee dispute resolution was received on May 24, 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 §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute; consequently, the requestor has waived the right to medical fee dispute resolution.

### Conclusion

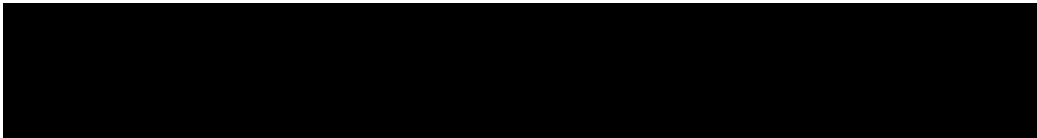
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds that no 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

July 14, 2023

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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).