



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Mueller Surgery Center, LLC

Respondent Name

Standard Fire Insurance Company

MFDR Tracking Number

M4-24-0199-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

September 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2022	L8699	\$10,050.16	\$0.00
	Total	\$10,050.16	\$0.00

Requestor's Position

"We received authorization for all of these CPT's to be paid. They now won't pay for L8699. We have appealed and called them several times and this should be paid. They are trying to say that we are not past filing deadline. I have contacted the adjuster and her supervisor, which they were very rude and of no help. I have been emailing them and they won't respond, very unprofessional. I have attached all the necessary information for this claim to be reviewed. L8699 is a very expensive supply and since we received approval for this we should be paid. I would also like to be paid for the full amount of \$3000.00."

Amount in Dispute: \$10,050.16

Respondent's Position

"The Provider's Request for Medical Fee Dispute Resolution involves reimbursement for ambulatory surgical services. The Claimant was treated by the Provider, who submitted billing. The Carrier reviewed the billing received and issued reimbursement. After filing a request for reconsideration, the Provider subsequently filed this Request for Medical Fee Dispute Resolution... The Provider alleges they are entitled to reimbursement for Implantables. The Provider has waived the right to reimbursement under Rule 133.307 as they did not timely file their Request for Medical Fee Dispute Resolution with the Division within one year of the date of service as required by Rule 133.307(c)(l)."

Response Submitted by: Travelers

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:

- CO-97 – The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated.
- Contractual Obligations: Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 14 – Reimbursement has been made according to the bilateral procedure rule. This reconsideration reflects corrected procedure codes.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 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.
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 286 – Appeals time limit not met.
- 8765 – No reimbursement made based on rule 133.250 (b) reconsideration for payment of medical bills. The Health Care provider shall submit to the requestor for reconsideration no later than 10 months from the date of service.

Issues

Has the requestor waived their right to medical fee dispute resolution?

Findings

The requestor asks for payment in exchange for medical services provided on July 22, 2022.

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."

The service in question was performed on July 22, 2022. On September 27, 2023, the Division received the request for medical fee dispute resolution. This time period is more than a year following the date of service in-question.

28 TAC §133.307 (c) (1) (A) states, "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."

Review of the submitted documentation finds that the disputed service does 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 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, as a result \$0.00 is recommended.

Authorized Signature

_____	_____	November 6, 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 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.