

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SIERRA PROVIDENCE EAST
MEDICAL

Respondent Name

EAST TEXAS EDUCATIONAL INSURANCE

MFDR Tracking Number

M4-24-0335-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 8, 2022	Code 71046 and 99283-25	\$602.88	\$0.00
Total		\$602.88	\$0.00

Requestor's Position

"Please allow this letter to serve as a formal reconsideration. The above reference claim was denied for untimely filing. Every effort is made at the time of service to obtain complete and accurate insurance information from your member in order to submit the claim in a timely manner and collect payment for the above reference services."

Amount in Dispute: \$602.88

Respondent's Position

"This is in response to the MDR dated 10/16/2023 regarding denial of this bill ... It is our position that denial for timely filing was correct and no reimbursement would be due."

Response Submitted by: Claims Administrative Services Inc

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

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

- 719 – Per Rule 133.20 a medical bill shall not be submitted later than the 95th after the date of service
- 29 – The time limit for filing has expired

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 8, 2022. The request for medical fee dispute resolution was received on October 6, 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 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 \$0.00 reimbursement for the disputed services.

Authorized Signature

[Redacted Signature]

Signature

Medical Fee Dispute Resolution Officer

November 1, 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. 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.