



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Abilene Artificial Limb Co

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-0364-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

October 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 10, 2022	L5673 RT K3 x2	\$1,847.88	\$0.00
August 10, 2022	L8420 RT K3 x12	\$314.64	\$0.00
August 10, 2022	L8470 RT K3 x 6	\$60.54	\$0.00
Total		\$2,223.06	\$0.00

Requestor's Position

"Please note that we have disputed this matter multiple times and the agency continues to deny stating that the claim was not filed timely however it was as were the disputes. We finally filed a request Independent Review and called for status and they instructed us that we could not albeit the department website says that we can. This matter has not been handled properly. Our claim submissions are documented, our dispute submissions are documented and all information was provided timely to the payer to address this matter."

Amount in Dispute: \$2,223.06

Respondent's Position

"...the Office respectfully requests this dispute be dismissed as it is not eligible for Medical Fee Dispute Resolution as the dispute was not timely filed within one year from the date of service of 8/10/2022 pursuant to 28 TAC §133.307 (c)(1) as the Division's date stamp shows the dispute was received on 10/11/2023."

Response submitted by: State Office of Risk Management

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:

- 18 – Exact duplicate claim/service.
- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

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

Findings

1. The requestor is seeking payment for professional medical services rendered in August of 2022. The insurance carrier denied the disputed services as not submitted timely and as a duplicate billing.

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

- (A) A request for medical fee dispute resolution 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.
- (B) A request may be filed later than one year after the date(s) of service if:
 - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
 - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
 - (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the service in dispute is August 10, 2022. The request for medical dispute resolution was received at the Division on October 11, 2023.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR.

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 requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	November 13, 2023 Date
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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.