



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Resolute Health System

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-24-0401-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

October 16, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 16, 2020	70450	\$432.18	\$0.00
October 19, 2020	99284	\$628.16	\$0.00
<b>Total</b>		\$1,060.34	\$0.00

### Requestor's Position

Excerpt from requestor's reconsideration request: "The above referenced claim was denied due to untimely filing... Occasionally circumstances beyond the control of our organization occur and, in this case, initial bill was sent to Texas Mutual electronically on 1/24/22. Once we were informed that bill wasn't received, we sent the bill via mail to Texas Mutual on 1/4/23."

**Amount in Dispute:** \$1,060.34

### Respondent's Position

"One year from disputed date 10/19/2021. The TDI/DWC date stamp lists the received date as

10/16/2023 on the requester's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR.

**Response Submitted by:** Texas Mutual Insurance Co.

## 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 Medical Fee Dispute Resolution (MFDR) requests.

### Denial Reasons

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

- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 29 – TIME LIMIT FOR FILING HAS EXPIRED.
- DC4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A BILL LATER THAN THE 95<sup>TH</sup> DAY AFTER THE DATE OF SERVICE.

### Issues

1. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

### Findings

1. The requestor is seeking reimbursement for outpatient emergency medical services rendered on disputed dates of service, October 16 and 19, 2020. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on October 16, 2023.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any

exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "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 disputed dates of service are October 16, 2020, and October 19, 2020. On October 16, 2023, the division received the DWC060 request form. The disputed services do not meet any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed dates of service and the request for medical fee dispute resolution was submitted.

According to DWC, the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

### 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 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:**

November 2, 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](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)