

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

NORTH CENTRAL BAPTIST  
MEDICAL

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-24-0681-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

November 20, 2023

### Summary of Findings

| Dates of Service   | Disputed Services        | Amount in Dispute | Amount Due |
|--------------------|--------------------------|-------------------|------------|
| September 30, 2021 | Codes 71045 and 99283-25 | \$567.76          | \$0.00     |
| <b>Total</b>       |                          | \$567.76          | \$0.00     |

"The above referenced claim was denied due to untimely filing. We received the determination for our initial claim on 03/02/2022. Because we could not submit the corrected claim until we received that determination, we have established sufficient cause for you to process and pay the referenced claim at this time."

**Amount in Dispute:** \$567.76

### Respondent's Position

"One year from disputed date of service 09/30/2021 would have been 09/30/2022. The TDI/DWC date stamp lists the received date as 11/20/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

**Response Submitted by:** Texas Mutual Workers Compensation 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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- CAC-138 – Appeal procedures not followed or time limits not met
- CAC-29 – The time limit for filing has expired
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 879 – Rule 133.250(B) Health care provider shall not submit the request for reconsideration no later than 10 months form the date of service
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

## 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 September 30, 2021. The request for medical fee dispute resolution was received on November 20, 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

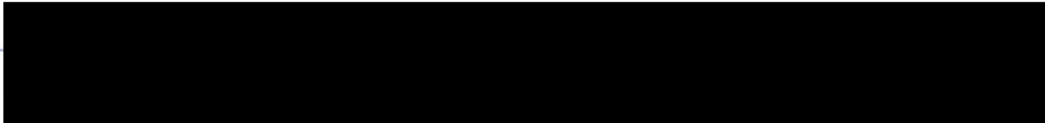
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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 \$0.00 reimbursement for the disputed services.

**Authorized Signature**



Signature

Medical Fee Dispute Resolution Officer

December 6, 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).