



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SIERRA PROVIDENCE EAST
MEDICAL

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-24-0885-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 12, 2022	71046, and 99283-25	\$602.88	\$0.00
Total		\$602.88	\$0.00

Requestor's Position

"We have received notification that this claim was denied for timely filing on 02/21/2023. However, due to extenuating circumstances we ask that this claim be taken under reconsideration, as the patient did not provide workers comp insurance at the time of admission. We provided critical care to your subscriber in good faith. We ask that this claim be reprocessed and the correct funds be issued in a timely manner."

Amount in Dispute: \$602.88

Respondent's Position

"One year from disputed date of service 04/12/2022 would have been 04/12/2023. The TDI/DWC date stamp lists the received date as 12/20/2023 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-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC- 138 – Appeal procedures not followed or time limits not met
- CAC – 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- CAC – 29 – The time limit for filing has expired
- DC4 – No additional reimbursement allowed after reconsideration. For information call (888) 532-5248
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 731 – Per 133.20 (B) provider shall not submit a medical bill later than the 95th day after the date the service
- 879 – Rule 133.250(B) health care provider shall submit the request for reconsideration no later than 10 months from the date of service

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 April 12, 2022. The request for medical fee dispute resolution was received on December 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 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

January 11, 2024

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.