



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Woodlands Sports Medicine

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-24-0887-01

**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
May 13, 2022	99253, 99232, 27217, 27216, and 99233	\$8,659.00	\$0.00
	<b>Total</b>	\$8,659.00	\$0.00

### Requestor's Position

"This patient was presented to the ER with severe injuries and Dr. Rabah Qadir was the surgeon on call. The hospital provides insurance details for the billing of cases that are assigned to Dr. Qadir during his on-call rotation. The claim was filed to Texas Mutual and a denial for the claim was received dated 7/12/2022 with multiple denial issues (EOB attached). A corrected claim was submitted on 7/26/2022 and never acknowledged by Texas Mutual (proof of submission of correct claim attached). We received a denial based on timely filing dated 1/13/2023 after multiple submissions."

**Amount in Dispute:** \$8,659.00

### Respondent's Position

"One year from disputed dates of service 05/13/2022-05/15/2022 would have been 05/15/2023. 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. Our position is that no payment is due."

**Response Submitted by:** Texas Mutual Insurance Company

## 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

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:

- A16 – The reimbursement for health care services are subject to WorkWell, TX contracts, a certified WC HCN (ins. Code Ch. 1305).
- CAC P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC 131 – Claim specific negotiated discount.
- CAC 18 – Exact duplicate claim/service.
- CAC 181 – Procedure code was invalid on the date of service.
- 224 – Duplicate charge.
- 714 – Accurate license, CPT/HCPCS, NDC#, dates, units, days' supply, modifiers are required. Submit corrections w/95 days from DOS.
- 893 – This code is invalid or not covered or has been deleted.
- CAC W3 – Bill is a reconsideration or appeal.
- CAC 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- 350 – In accordance with TDI-DWC rule 134.804. This bill has been identified as a request for reconsideration or appeal.

### Issues

Has the requestor waived their right to medical fee dispute resolution?

### Findings

The requestor seeks payment for medical services provided on May 13, 2022.

28 TAC §133.307 (c) (1) states in the pertinent part, "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."

The service in question was performed on May 13, 2022. On December 20, 2023, the DWC received the request for medical fee dispute resolution. This time period is more than a year following the in-question date of service.

28 TAC §133.307 (c) (1) (A) states, "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."

A review of the submitted documentation finds that the disputed service does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the DWC; 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.

The DWC finds the requester has not established that reimbursement of 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**

_____	_____	February 16, 2024
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).