

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Fernando Aviles, MD

**Respondent Name**

New Hampshire Insurance Co

**MFDR Tracking Number**

M4-24-0894-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

December 20, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2020	97032-GP	\$24.02	\$0.00
March 11, 2020	97032-GP	\$24.02	\$0.00
March 12, 2020	97032-GP	\$24.02	\$0.00
March 4, 2020	97035-GP	\$22.14	\$0.00
March 6, 202[sic]	97110-GP	\$107.96	\$0.00
March 10, 2020	97110-GP	\$155.10	\$0.00
March 11, 2020	97110-GP	\$60.82	\$0.00
March 4, 2020	97140-GP	\$99.96	\$0.00
March 6, 202[sic]	97140-GP	\$88.00	\$0.00
March 10, 2020	97140-GP	\$44.00	\$0.00
March 11, 2020	97140-GP	\$88.00	\$0.00
March 3, 2020	97140-GP	\$116.46	\$0.00
March 12, 2020	97164-GPXU	\$116.46	\$0.00
<b>Total</b>		<b>\$970.96</b>	<b>\$0.00</b>

### Requestor's Position

"The above referenced claim has been denied for untimely filing by Sedgwick, our office is requesting a reconsideration of the charges, based on the fact our office originally submitted the claim as timely filing and we received a denial, but no specific information needed on this account, denial EOB received requesting a Medical Records and we did submitthe[sic] Medical Records, however, records were denied as untimely."

**Amount in Dispute:** \$970.96

### **Respondent's Position**

"...the services in question were provided almost 4 years ago. The provider acknowledged that the medical bills were not submitted to the carrier timely. ...The provider had up to one year following the date of service to file its DWC 60."

**Response submitted by:** Flahive, Ogden and Latson

### **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:

- 45 – Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement.
- 29 – The time limit for filing claim/bill has expired.
- 5463– Paid in accordance with Tenet Health System Employee Network.
- 4271 – Per TX Labor Code Sec. 413.016, providers must submit bills to payors within 95 days of the date of service.

#### Issues

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

### Findings

1. The requestor is seeking payment for physical therapy services rendered in March of 2020. The insurance carrier denied the claim based on untimely submission of claim.

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 dates of the service in dispute are March 3 – 12, 2020. The request for medical dispute resolution was received at the Division on December 20, 2023.

Review of the submitted documentation found insufficient evidence to support an exception was met, 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.

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

\_\_\_\_\_  
January 24, 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](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).