



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

LOUIS F PUIG, MD

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-24-1485-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

March 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 26, 2022	Codes 99213 and 99080	\$197.88	\$0.00
Total		\$197.88	\$0.00

Requestor's Position

"Unpaid previously submitted medical bill.

Please review documents and process the line items unpaid.

Documents supports CPT codes: 99213, 99080."

Amount in Dispute: \$197.88

Respondent's Position

"The Office performed an in-depth review of the dispute packet submitted by Louis Puig MD where it has been determined that the requestor has failed to submit the medical fee dispute in accordance 28 TAC §133.307(c)(1) and respectfully requests this dispute be dismissed as it is not eligible for dispute resolution as the dispute was not timely filed within one year from the date of service of 5/26/2022 as the Division's date stamp shows the dispute was received on 3/12/2024."

Response Submitted by: State Office of Risk Management

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:

- 16 – Claim/service lacks information which is needed for adjudication. Remark codes whenever appropriate.
- 251 – The attachment content received did not contain the content required to process this claim or service.
- 73 – TWC 73 report form.
- Note: Billed DX and/or documentation does not support services are being rendered for the compensable injury. Please resubmit with DX code(s) that are related to W/C.

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.

(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 date of the services in dispute is May 26, 2022. The request for medical fee dispute resolution was received on March 12, 2024. 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

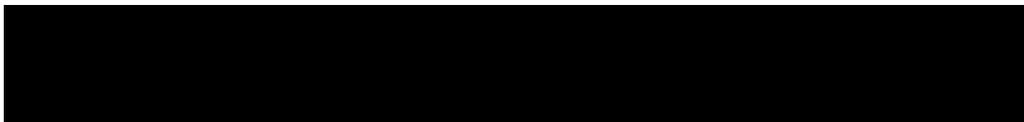
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds that no reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature



April 4, 2024

Date

Signature

Medical Fee Dispute Resolution Officer

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, 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.