



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

LOUIS FRANK PUIG MD PA

**Respondent Name**

INDEMNITY INSURANCE CO OF NORTH

**MFDR Tracking Number**

M4-24-1499-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

March 12, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 26, 2022	99203, 99080, 73610 and L1902	\$366.44	\$0.00
<b>Total</b>		\$366.44	\$0.00

### Requestor's Position

"We are asking you to review and reconsider this claim that was denied for timely filing on 12/7/2022. We initially submitted this claim on 6/30/2022 via electronic filing (attached). We have not received an EOB for this submission. We then resubmitted a corrected claim appeal on 12/3/2022 via fax (855) 496-5410 (conformation attached). Please review and reconsider payment for this claim, we have attached all documentation for resolution."

**Amount in Dispute:** \$366.44

### Respondent's Position

"This medical dispute concerns services provided by Louis Puig III MD associated with dates of service May 26, 2022/ May 26, 2022. The request for medical dispute resolution is not timely."

**Response Submitted by:** ESIS

## 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:

- P12 – Workers' compensation jurisdiction fee schedule adjustment

### 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 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



Signature

Medical Fee Dispute Resolution Officer

March 21, 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, 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).