

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

COMMUNITY MEDICINE ASSOC

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number

M4-24-1618-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 10, 2023	Code 90834	\$124.00	\$0.00
Total		\$124.00	\$0.00

Requestor's Position

"On 01/02/24, the denial for timely filing was reviewed and a reconsideration was submitted to Sedgwick by fax number 859-264-4061 with attached Blue Cross and Blus Shield EOB to support proof of timely filing to the incorrect payer along with patient's medical records ... On 02/01/24, the denial for the date service not related to the reference claim and a reconsideration was submitted to Sedgwick ..."

Amount in Dispute: \$124.00

Respondent's Position

Respondent did not respond to the DWC-60 dispute.

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:

- 4271 – Per TX Labor Code Sec 408.027 providers must submit bills to payors within 95 days of service
- 29 – The time limit for filing claim/ bill has expired
- QA – Other adjustment
- PI – These are adjustments initialized by the payer, for such reasons as billing errors or services that are considered not reasonable or necessary. The amount adjusted is generally not the patient's responsibility unless the workers' compensation state law allows the patient to be billed

Issues

1. Did the insurance carrier respond to the DWC-60 submitted?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The Austin carrier representative for Indemnity Insurance Co of North is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on April 02, 2024. 28 TAC §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. 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.

The date of the services in dispute is March 10, 2023. The request for medical fee dispute resolution was received on March 26, 2024. This date is later than one year after the date(s) of service in dispute. 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 additional 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



May 17, 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. 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.