

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

USMD HOSPITAL @  
ARLINGTON LP

**Respondent Name**

INDEMNITY INSURANCE CO OF NORTH

**MFDR Tracking Number**

M4-24-1783-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

April 11, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 25, 2022	Emergency visit	\$425.75	\$0.00
<b>Total</b>		\$425.75	\$0.00

### Requestor's Position

"On 12/12/2023, we were notified by our third-party collection agency that the patient informed them that this date of service should have been processed through patient's worker's compensation claim#... We then promptly submitted the claim with documentation as to why the late filing to Corvel Corporation via certified mail ... Corvel then denied the claim for being past timely filing around 01/10/2024."

**Amount in Dispute:** \$425.75

### Respondent's Position

"The original bill was received by the carrier on 12/20/2023. As stated above, this employer allows bills to be submitted no later than 1 year from the date services were rendered (DOS). For this employer, this meant the deadline to submit a bill was 9/25/2023. However, the Requestor's bill passed this time limit ... Corvel asserts the requestor is entitled to \$0.00 reimbursement for outpatient services in dispute based on the Requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute."

Date of Service in Dispute	MFDR Deadline	TDI-DWC Received Date
09/25/2022	09/25/2023	04/11/2024

**Response Submitted by:** CorVel

## 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:

- 29 – Time limit for filing claim/bill has expired.
- RM2 – Time limit for filing claim has expired.
- Bill Comments - Per rule 133.20 and section 408.0272 of The Act, your documentation does not meet the criteria for proof of timely filing. Per Rule 133.250(b), effective July 2012, an HCP dissatisfied with a carrier's final action on a medical bill, the HCP may request a reconsideration no later than ten (10) months from the date of service.
- Bill Comments - Effective 9/1/05, providers have 1 year from date of service for Texas Roadhouse to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 408.027 of the Act.

### 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 September 25, 2022. The request for medical fee dispute resolution was received on April 11, 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 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**



Signature

Medical Fee Dispute Resolution Officer

May 2, 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).