



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael David Adams MD

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-24-2409-01

Carrier's Austin Representative

Box Number 19

Date Received

June 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2023	99213	\$233.00	\$0.00

Requestor's Position

"The bill and appeal have not been paid."

Amount in Dispute: \$233.00

Respondent's Position

"Bill TSTX-396750 denied for Timely Filing Rule §408.0272. The current reconsideration, TSTX-426796 denied as we are standing on the timely filing rule as the original received date was 04/25/2024 and this submission received date is 07/09/2024. We have received no documentation to support receiving the original bill as timely submission."

Response Submitted by: TASB Risk Management Fund

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 [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 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:

- 219, 751 – Based on extent of injury.
- 790 – This charge was reimbursed in accordance with the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 29 – The time limit for filing has expired.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- ART – TX Rule 133.250 (B) A health care provider shall submit a request for reconsideration no later than 10 months from the date of service.
- W3 – In accordance with the TDI-DWC Rule 134.804, the bill has been identified as a request for reconsideration or appeal.
- X29 – The time for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 351 – No additional reimbursement allowed after review of appeal/reconsideration.
- Note: MFDR M4-24-2409-01 Denial due to timely filing 408.0272.

Issues

Has the requestor waived their right to medical fee dispute resolution?

Findings

The requestor seeks payment in the amount of \$233.00, for medical services provided on January 13, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "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 service in question was performed on January 13, 2023. The medical fee dispute was received by the Division on June 28, 2024. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "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."

A review of the submitted documentation finds that the disputed service(s) do/does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; 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.

The Division finds the requester has not established that reimbursement of is due.

Order

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

Authorized Signature

_____	_____	July 30, 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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the 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 the Division. **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.