



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

OCCU HEALTH SURGERY CENTER

Respondent Name

AMERICAN GUARANTEE & LIABILITY

MFDR Tracking Number

M4-25-0122-01

Carrier's Austin Representative

Box Number 19

Date Received

September 16, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 19, 2023	CPT Code 11012	\$7,187.00	\$0.00
	CPT Code 26236	\$0.00	
	CPT Code 14040	\$1,055.47	

Requestor's Position

"EOB explanation codes to deny 11012 AND THENY PAY ONLY 50% OF SUBSEQUENT "ALLOWED CODES IS DECEPTIVE BUSINESS PRATICE. If 11012 is disallowed, then 14040 should be paid at 100% of the fee schedule. However, 11012 is allowable and payable. EOB reasoning 31029 indicates this code is for (redacted). Per the operative report and diagnosis, a (redacted). This was a (redacted) as per the referring clinic's documentation. (Redacted) with an acute loss of function are medical emergency conditions as recognized by the AMA, Texas Administrative Code and HB 3359 in Texas."

Amount in Dispute: \$8,242.47

Respondent's Position

"The provider filed a DWC 60, seeking Medical Fee Dispute Resolution for a date of service of June 19, 2023. The provider filed its DWC 60 with the Division on September 16, 2024. However, rule 133.307 (c)(1)(A) requires a provider to file the DWC 60 no later than one year after the date of service. In this case, the provider filed its DWC 60 approximately 15 months following the date of service. Accordingly, the provider is not entitled to Medical Fee Dispute Resolution."

Response Submitted by: Flahive Ogden & Latson

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 denied the payment for the disputed services with the following claim adjustment codes:

- 00663 – Reimbursement has been calculated according to State Fee Schedule Guidelines
- 31029 – Per CPT code description, debridement code is only allowed for open fractures or dislocations. Service included in another code billed on the same day
- 851 – The allowance was adjusted in accordance with multiple procedure rules and/or guidelines
- 90223 – Worker's Compensation Jurisdictional Fee Schedule Adjustment
- 983 – Charge for this procedure exceeds Medicare ASC schedule allowance
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment

Issues

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

Findings

The requestor seeks payment in the amount of \$8,242.47, for medical services provided on June 19, 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 June 19, 2023. The medical fee dispute was received by

the Division on September 16, 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) 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 requestor has not established that reimbursement 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

	October 18, 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.