



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

OccuFit

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-0219-01

Carrier's Austin Representative

Box Number 19

Date Received

September 25, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2023	99213	\$170.00	\$0.00

Requestor's Position

"Our office received an explanation of review for date of services: 09/18/2023 with explanation codes: * 90223 (fee schedule) P12 (fee schedule) P16 (Medical provider not authorized to provide treatment) 309 (procedure exceeds the fee schedule) I have reviewed this, the provider is authorize to provide treatment (treating doctor) so that is an invalid denial reason. We ask that you process this claim correctly."

Amount in Dispute: \$170.00

Respondent's Position

"The provider filed a DWC 60, seeking medical fee dispute resolution for date of service of September 18, 2023. The provider is seeking payment of \$170 for CPT code 99213. However, the provider did not file its DWC 60 until more than one year following the September 18, 2023 date of service. According to the DWC date stamped, DWC did not receive the DWC 60 until September 25, 2024. The provider was required to file its DWC 60 with DWC not later than one year after the date of service. See Rule 133.307(c)(l)(A)."

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

- 5721 - To avoid duplicate bill denial for all reconsiderations/ adjustments/ additional payment requests, submit a copy of this EOR or clear notation that a recon is ...
- 90563, 193 - Original payment decision is being maintained. upon review, it was determined that this claim was processed properly.
- 90950 - This bill is a reconsideration of a previously reviewed bill; allowance amounts reflect any changes to the previous payment.
- 90223, P12 - Workers' compensation jurisdictional fee schedule adjustment.
- P16 - Medical provider not authorized/certified to provide treatment to injured workers in this jurisdiction.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

Issues

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

Findings

The requestor seeks payment in the amount of \$170.00, for an office visit, provided on September 18, 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 September 18, 2023. The medical fee dispute was received by the Division on September 25, 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 requestor 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

_____	_____	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 electronico CompConnection@tdi.texas.gov.