



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

DEAR HEALTHCARE SYSTEM

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-25-0269-01

Carrier's Austin Representative

Box Number 54

Date Received

October 1, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2021	Code 25607-RT	\$5,428.50	\$0.00

Requestor's Position

"Please find attached the EOB, copy of claim, and TX Workers' Compensation reimbursement guidelines for the patient listed above. Per the TX Workers' Comp. fee schedule, outpatient claims are reimbursed based by 200% of the state fee schedule (200% of the Medicare allowable). Please review this claim and the attached documents for claim reprocessing."

Amount in Dispute: \$5,428.50

Respondent's Position

"One year from disputed date of service 11/11/2021 would have been 11/11/2022. The TDI/DWC date stamp lists the received date as 10/01/2024 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Workers Compensation Insurance

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:

- The explanation of benefits provided is not legible

Issues

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

Findings

The requestor seeks payment in the amount of \$5,428.50, for medical services provided on November 11, 2021.

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 November 11, 2021. The medical fee dispute was received by the Division on October 1, 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