



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Orthopedics Surgery Center

Respondent Name

Chubb Indemnity Insurance Co

MFDR Tracking Number

M4-25-0343-01

Carrier's Austin Representative

Box Number 17

Date Received

October 10, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2023	24342	\$9,865.00	\$0.00

Requestor's Position

"The above claim was recently denied by CORVEL for the reason, 'lack of authorization'."

Amount in Dispute: \$9,865.00

Respondent's Position

"Given no violation of the Workers' Compensation Act or division rules, CorVel respectfully requests the division issue a decision indicating the requestor is entitled to \$0.00 reimbursement for date(s) of service 04/13/2023 in the amount of \$9865.00 based on the division rules referenced herein."

Response Submitted by: CorVel Healthcare Corporation

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:

- 29 - Time Limit for Filing Claim/Bill has Expired
- 197 - Payment adjusted for absence of precert/preauth
- Note: Per Rule 133.250(b), effective July 2012, a 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.

Issues

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

Findings

The requestor seeks payment in the amount of \$9,865.00, for medical services provided on April 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 April 13, 2023. The medical fee dispute was received by the Division on October 10, 2024. This date is more than a year following the in-question date 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 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 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.