



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PHYSICIANS SURGICAL CENTER

Respondent Name

TEXAS ASSOCIATION OF COUNTIES

MFDR Tracking Number

M4-25-0938-01

Carrier's Austin Representative

Box Number 47

Date Received

December 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2022	C1713 and C1762	\$5,213.00	\$0.00

Requestor's Position

"It is our understanding that this claim was processed and paid in the amount of \$7,842.81. The claim was reprocessed as proof of timely filing was submitted. We are not requesting separate reimbursement for the implants."

Amount in Dispute: \$5,213.00

Respondent's Position

"Carrier further asserts that Provider failed to request Medical Dispute Resolution within one year as outlined in Rule 133.307 (c)(1)(A); therefore, the Provider has waived the right to MFDR."

Response Submitted by: Burns Anderon Jury & Brenner LLP

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:

- 6981 – Charges for surgical implants are reviewed separately by Foresight Medical. Please expect a detailed explanation of review for surgical implant charges directly from Foresight Medical and direct all surgical implant inquiries to Foresight Medical at 813-930-5346
- 2008 – Additional payment made on appeal/reconsideration
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code
- W3 – Bill is a reconsideration or appeal
- P13 – Payment reduced or denied based on Workers' Compensation jurisdictional regulations or payment policies
- P12 – Worker's Compensation Jurisdictional Fee Schedule Adjustment
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered
- QA – other adjustment

Issues

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

Findings

The requestor seeks payment in the amount of \$5,213.00, for medical services provided July 12, 2022.

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 July 12, 2022. The medical fee dispute was received by the Division on December 30, 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



Signature

Medical Fee Dispute Resolution Officer

January 23, 2025

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 prefieres 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.