



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Angelina Optometric Assoc

Respondent Name

State Office or Risk Management

MFDR Tracking Number

M4-25-1022-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

January 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 30, 2023	92012	\$95.00	\$0.00
Total		\$95.00	\$0.00

Requestor's Position

"...Our office proceeded to send a corrected claim with a resubmission code 7 and original claim number #1303293 on box 22 of form. This claim was sent by fax on 10/17/24 with medical records attached. Our office received another letter stating: PLEASE RESUBMIT A LEGIBILE COPY OF THE BILL FOR PROCESSING. The corrected claim was once again refiled with medical records attached through fax as well as mailed. Our office received EOB dated 12/10/24, review #13150632, and claim denied for: THE TIME LIMIT FOR THIS FILING HAS EXPIRED. As explained above, this was submitted within timely filing and should not have been denied for this reason."

Amount in Dispute: \$95.00

Respondent's Position

"...the Office respectfully requests the dispute be dismissed as the requestor has failed to submit their dispute within one year of date of service per 28 TAC 133.307 (c)(1)(A) and failed to file a

request for reconsideration with the carrier in accordance to 28 TAC 133.250 appealing the timely filing denial with evidence to support a waiver of timely filing is warranted according to 28 TAC 133.307(f)(3)(A)."

Response submitted by: SORM

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 \(TAC\) §133.307](#) 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:

- 16 – Claim/service lack information which is needed for adjudication.
- Please submit medical records.
- 18 – Exact duplicate claim/service
- 29 – The time limit for filing has expired.

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking payment for ophthalmology services rendered in November 2023. The insurance carrier denied the claim as incomplete, duplicate and past timely filing. DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution 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.

(B) A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
- (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute are November 30, 2023. The request for medical dispute resolution was received at the Division on January 10, 2025.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR for dates of service in dispute.

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.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 12, 2025 Date
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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. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please 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 DWC. **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.