



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Shannon Clinic

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-25-1044-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 5, 2024	99291	\$534.00	\$0.00
February 13, 2024	99232	\$141.00	\$0.00
February 13, 2024	99232	\$141.00	\$0.00
Total		\$816.00	\$0.00

Requestor's Position

This patient was seen by multiple doctors on this date of injury which each have a differently specialty and are under the same tax id. Reconsiderations were sent to ESIS explaining that Dr. Hodges specialty is Emergency Medicine and Dr. Caceres specialty is Pulmonary Disease. ESIS incorrectly denied the appeal for Timely filing. ...On the dates of service 2/13/24 and 2/16/24 the provider whose specialty is Internal Medicine and Maragret Nunez, FNP-C Specialty is Wound Care. Each of the preceding calls listed included these unpaid charges."

Supplemental response submitted January 29, 2025

"...The balance of \$534 that remains unpaid for date of service 1/5/24 is for Dr Hodges and his specialty is emergency medicine. There are two separate charges/providers with different specialties und the same tax id. Regarding the eft payment of \$282 issued on 1/27/25, as of today I was not able to confirm receipt."

Amount in Dispute: \$816.00

Respondent's Position

"The bill for DOS 1-5-24/1-5-24 related to the above caption MDR was paid on 3-13-24 with check number FE92651364. A screen print of the payment status is attached confirming that the check was paid by the bank on 4/11/24. ...Regarding DOS 2-13-24 a payment in the amount of \$282. Was issued on 1-27-25."

Response Submitted by: ESIS

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier indicates the following claim adjustment codes:

- 1 – A technical Bill Review (TBR) has been performed.

Issues

1. Is date of service January 5, 2024 eligible for MFDR?
2. Did the respondent support payment has been made at billed amount?

Findings

1. The requestor is seeking payment for date of service January 5, 2024 for code 99291.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 January 5, 2024. The request for medical dispute resolution was received at the Division on January 14, 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.

2. The requestor disputes payment received for February services. Review of the information submitted by the respondent shows \$282.00 was paid via check #/EFT # FE93752530. The greater weight of evidence supports payment made.

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 requestor has not established that additional 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

March 28, 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. 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.