



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Shannon Clinic

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-25-1220-01

Carrier's Austin Representative

Box Number 44

Date Received

February 5, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 10, 2023	99222	\$268.00	\$0.00
April 10, 2203	99285	\$342.00	\$0.00
June 1, 2023	99223	\$396.00	\$0.00
June 1, 2023	99291, and 99292	\$774.00	\$0.00
June 8, 2023	99239	\$209.00	\$0.00
June 2, 2023 through June 7, 2023	99233 x 4, and 99232 x 2	\$1,098.00	\$0.00
October 5, 2023	99214	\$249.00	\$0.00
Total		\$3,336.00	\$0.00

Requestor's Position

"DATE OF SERVICE 04/10/2023 \$268.00 DENIED 08/02/2023. BENEFIT FOR THIS SERVICE IS INCLUDED IN THE OTHER CODE. RECONSIDERATION SENT DIFFERENT PROVIDER SAME TAX ID. DENIED FOR TIMELY FILING 08/09/2023. THIS IS INCORRECT AS THE RECON HAS 10 MONTHS.

DATE OF SERVICE 04/10/2023 \$342.00 DENIED 05/09/2023 REQUESTED MEDICAL RECORDS. RECON SENT WITH MEDICAL RECORDS DENIED 08/09/2023 DENIED PAST TIMELY FILING. RECON AGAIN NOT PAST TIMELY DENIED AGAIN 11/18/2023. DENIED AGAIN 02/21/2024.

DATE OF SERVICE 06/01/2023 \$396.00 DENIED 06/17/2023 BENEFIT INCLUDED IN OTHER PAYMENT; RECON SENT DIFFERENT PROVIDER SAME TAX ID. DENIED 11/18/2023 PAST TIMELY.

DATE OF SERVICE 06/01/2023 \$774.00 DENIED 06/24/2023 BENEFIT INCLUDED IN OTHER PAYMENT. RECON DIFFERENT PROVIDER SAME TAX ID. DENIED 11/18/2023 PAST TIMELY FILING. DENIED AGAIN 02/20/2024 PAST TIMELY FILING.

DATE OF SERVICE 06/08/2023 \$209.00 DENIED 07/01/2023 BENEFIT INCLUDED IN OTHER PAYMENT. RECON DIFFERENT PROVIDER SAME TAX ID. DENIED 11/18/2023 PAST TIMELY FILING.

DATE OF SERVICE 06/02/2023 THRU 06/07/2023 \$1098.00 DENIED 06/27/2023 PAYMENT INCLUDED IN OTHER PAYMENT. RECON DIFFERENT PROVIDER SAME TAX ID. DENIED FOR PAST TIMELY FILING. DENIED AGAIN 11/21/2023.

DATE OF SERVICE 10/05/2023 \$249.00 DENIED 1/25/2023 REQUESTING MEDICAL RECORDS, RECON SENT DENIED AGAIN 01/11/2024 NO RECORDS.

I HAVE CALLED AND TALKED TO SEDGWICK CLAIMS MULTIPLE TIMES REGARDING THE PAST TIMELY FILING RULE. BENEFIT REVIEW WAS HELD ON THIS PATIENT AND THE DECISION WAS INPATIENTS FAVOR SIGNED 09/12/2024. THIS WAS SENT TO SEDGWICK AND AS OF TODAY SHANNON MEDICAL CENTER NOR SHANNON CLINIC HAVE RECEIVED PAYMENT."

Amount in Dispute: \$3,336.00

Respondents' Position

The Austin carrier representative for Old Republic Insurance Co is White Espey, PLLC. White Espey, PLLC was notified of this medical fee dispute on February 11, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 (division).

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:

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 220 – The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 29 – Time limit for filing has expired.
- 892 – Billed date exceeds 95 days from date of service.
- 16 – Claim/service lacks information or has submission/billing error(s).
- 205 – Disallowed, charges will be reviewed upon receipt of supporting info, such as reports, notes, or invoice. Resubmit with original bill.
- M127 – Missing patient medical record for this service.
- MA27 – Missing incomplete invalid entitled number or name shown on the claim.
- MA30 – Missing incomplete invalid type of bill.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
- 16 – Claim/service lacks information or has submission billing errors.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – In accordance with TDI-DWC 134.804. This bill has been identified as a request for reconsideration or appeal.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- B13 – Re-evaluated. No additional payment is recommended.
- A1 – Principal physician of rec.
- 908 – Per the CCI edits, this procedure is included in the value of a comprehensive or mutually exclusive procedure billed on the same day.

Issues

1. Has the requestor waived their right to medical fee dispute resolution for dates of service June 1, 2023 through June 8, 2023, and October 5, 2023?
2. Has the requestor submitted the medical bill within 60 days of the date the requestor received the final decision?

Findings

1. The requestor seeks payment in the amount of \$2,726.00 for medical services provided on June 1, 2023 through June 8, 2023, and October 5, 2023.

The services in question were performed on June 1, 2023 through June 8, 2023, and October 5, 2023. The medical fee dispute was received by the Division on February 5, 2025.

Per 28 TAC §133.307 (c)(1), the requestor must request medical fee dispute resolution within one year from the date of service, unless a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

The division received the medical fee dispute resolution request on February 5, 2025. This is more than one year after the dates of service June 1, 2023 through June 8, 2023, and October 5, 2023. The division found no evidence to support that an exception applied to these dates of service.

A review of the submitted documentation finds that the disputed services do 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 for dates of service June 1, 2023 through June 8, 2023, and October 5, 2023.

2. The requestor seeks payment for the date of service, April 10, 2023. The requestor included a copy of a Contested Case Hearing (CCH) Decision and Order (D&O) signed by the division on September 12, 2024. The CCH D&O also specified a date when the requestor was provided with a copy of the CCH D&O; this date is September 17, 2024.

Per 28 TAC §133.307 (c)(1)(B)(i)

(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division. (1) 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.

(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;

The division received the medical fee dispute resolution request on February 5, 2025. This date is past the 60-day extension provided to the requestor under 28 TAC §133.307 (c)(1)(B)(i).

The Division concludes that the requestor has failed to timely file date of service April 10, 2023 through October 5, 2023 with the Division; consequently, the requestor has waived the right to medical fee dispute resolution for this date of service.

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 requester has not established that reimbursement of 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

_____	_____	April 28, 2025
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.