

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Angelina Rehabilitation Center

Respondent Name

Bitco General Insurance Corp

MFDR Tracking Number

M4-25-1556-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2023	A4556	\$25.00	\$0.00
October 3, 2023	97166	\$205.00	\$0.00
October 3, 2023	97110	\$130.00	\$0.00
October 3, 2023	97530	\$225.00	\$0.00
October 3, 2023	97032	\$50.00	\$0.00
October 5, 2023	97110	\$130.00	\$0.00
October 5, 2023	97530	\$225.00	\$0.00
October 5, 2023	97032	\$50.00	\$0.00
October 5, 2023	97010	\$25.00	\$0.00
October 10, 2023	97110	\$130.00	\$0.00
October 10, 2023	97530	\$225.00	\$0.00
October 10, 2023	97032	\$50.00	\$0.00
October 10, 2023	97010	\$25.00	\$0.00
October 12, 2023	97110	\$130.00	\$0.00
October 12, 2023	97530	\$225.00	\$0.00
October 12, 2023	97032	\$50.00	\$0.00
October 12, 2023	97010	\$25.00	\$0.00
October 17, 2023	97110	\$130.00	\$0.00
October 17, 2023	97530	\$225.00	\$0.00
October 17, 2023	97032	\$50.00	\$0.00
October 17, 2023	97010	\$25.00	\$0.00
October 19, 2023	97110	\$130.00	\$0.00

October 19, 2023	97530	\$225.00	\$0.00
October 19, 2023	97032	\$50.00	\$0.00
October 24, 2023	97110	\$130.00	\$0.00
October 24, 2023	97530	\$225.00	\$0.00
October 24, 2023	97032	\$50.00	\$0.00
October 24, 2023	97010	\$25.00	\$0.00
October 26, 2023	97110	\$130.00	\$0.00
October 26, 2023	97530	\$225.00	\$0.00
October 26, 2023	97032	\$50.00	\$0.00
October 26, 2023	97010	\$25.00	\$0.00
October 26, 2023	97168	\$170.00	\$0.00
Total		\$3,840.00	\$0.00

Requestor's Position

“See attached the completed DWC060 form, communication log, Corvel Explanation of Review, UB04 Claim form, Medical notes, proof of timely filing and authorization from Corvel.

Amount in Dispute: \$3,840.00

Respondents’ Position

The Austin carrier representative for Bitco General Insurance Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 19, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
2. [28 TAC §124.2](#) sets out the requirements of insurance carrier notification.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 00 – CCI edit reviewed and suppressed.
- 29 – Time limit for filing claim/bill has expired.
- 219 – Based on Extent of Injury.

Issues

1. Did the insurance carrier raise the extent of injury per DWC guidelines?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking payment for outpatient therapy services and prosthetic/orthotic device rendered in October of 2023. On the submitted explanation of benefits the carrier denied the service in part based on extent of injury.

DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. 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 disputed services were provided in October 2023. The Division received a request for medical dispute resolution in March 2025.

The Division has determined that the requestor submitted insufficient documentation to support an exception described above. Consequently, the requestor has waived the right to pursue Medical Fee Dispute Resolution (MFDR) for the disputed dates 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.

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

June 24, 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 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.